

**MNNESOTA VETERANS HOMES  
INITIAL MAINTENANCE CHARGE DETERMINATION**

The information requested below is needed to determine the resident's maintenance charges for care at the Minnesota Veterans Home. The information will also be used to determine a dependent's eligible expense deductions.

<b>NAME:</b>
<b>ADDRESS:</b>

<b>TELEPHONE #:</b>	<b>SOCIAL SECURITY #</b>
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**ASSETS**

SOURCE :	Applicant Only	Dependent Information	
		Spouse	Other
Stocks, Bonds, Trusts, Etc.			
Bank Accounts – Savings			
Bank Accounts – Checking			
Bank Accounts-Certificates of Deposits			
Real Estate (Homestead only)			
Real Estate (Do not include homestead)			
Life Insurance Cash Value			
Prepaid Burial			
Other (Provide description)			
Other (Provide description)			
Other (Provide description)			
<b>Total Assets</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**SOURCES OF INCOME**

Determine monthly amounts by dividing yearly income by 12.

SOURCE:	Applicant Only	Dependent Information	
		Spouse	Other
<b>Social Security</b>			
Retirement Pension (Specify source)			
Veterans Benefits			
Supplemental Security/Public Assistance			
<b>Trusts</b>			
Wages			
<b>Interest and Dividends</b>			
Other (Provide description)			
Other (Provide description)			
Other (Provide description)			
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**MONTHLY EXPENSES/LIABILITIES**

Monthly Expense		Principal	
Description	Applicant	Dependent	(Applicant or Dependent)
Medicare (Part B)			
Private Medical Insurance			
Court Ordered Payments			
Loan Payments			
Loan Payments			
Medical Expenses			
Other (Provide description)			
Mortgage Payment (Homestead only)			
Rental Payment (Residence only)			
Real Estate Taxes			
Home Owners'/Renters' Insurance			
Vehicle Insurance			
Transportation			
Utilities (water, electric, gas, garbage)			
Telephone			
Food			
Clothing			
Prescription Drugs			
Personal Needs(personal toiletries, etc.)			
Additional debt not included above (Include any delinquent/past due debt)			
<b>Total Expenses/Liabilities</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Are you now receiving a Veterans Pension or Compensation?	Yes	No
County Veterans Service Office assisting you with your entitlements?	If so, which county?	
Which veterans organization has been assisting you with VA benefits		

**PERSON COMPLETING APPLICATION**

- ☐ I am providing this information to the Minnesota Veterans Homes to determine my maintenance charges.
- ☐ I understand that access to this information is limited to Minnesota Veterans Homes employees who need this information to determine my maintenance charges or dependent expenses. No other use, not specifically authorized by law, will be made of this information.
- ☐ I understand that eligibility for admission is not dependent upon ability to pay.

I acknowledge that the above information is true to the best of my knowledge.

Applicant's Signature:	Date:
	Referred by:

Name of Person Assisting Applicant with the Application Process:	
Address:	Relationship to applicant: _____ (CVSO, Family Member, Social Worker, Other-Describe)
	Home Phone: _____ Work Phone: _____