

Record Request Agreement

In reference to Page 7 of 9 on the Online Application, please complete this document along with the MA51 and ADL Sheet Health documents. It provides a hard copy in case it is required by a medical facility and/or financial institution. See next paragraph:

Once the application is approved by headquarters it is assigned to a Pennsylvania Veterans Home. The Veteran Home's Clinical Team may request additional medical documentation to make a level of care decision. The Veteran Home's Revenue office may also request additional financial information required to determine a monthly maintenance fee.

SIGNATURE AND CERTIFICATION

READ CAREFULLY BEFORE SIGNING

I have read, or have heard, the questions contained in Parts I, II, III, and IV of this application for admission to a Pennsylvania State Veterans' Home. I hereby certify under penalty of law that the foregoing information is true and correct to the best of my knowledge and belief. I understand that if I do not provide accurate information, I will be subject to discharge from the Home and prosecuted for violation of 18 Pa. C.S. paragraph 4904 (relating to unsworn falsification to authorities).

By signing this application, I hereby give my expressed written consent to the Commonwealth of Pennsylvania, Department of Military and Veterans' Affairs, through its Bureau of Veterans' Homes, to obtain information to verify this application from any source. I specifically direct the U.S. Veterans' Administration, the Department of Defense, the Armed Forces, and any banks, financial institutions or others with information about my military service, financial status, or medical condition including drug/alcohol or mental health related conditions to release any and all information from my records to any authorized agent of the Bureau of Veterans' Homes for purpose of processing this application. I hereby specifically authorize the Bureau of Veterans' Homes to use the information provided in this form for purpose of processing this application. I hereby authorize the Bureau of Veterans' Homes to review and discuss my medical records.

I understand that, if I am admitted to a State Veterans' Home, my estate and I will be legally obligated to pay for the full cost of my care and maintenance while a resident of the Home. I further understand that the Commonwealth is authorized to recover the costs of maintaining persons in State Veterans' Homes in accordance with Pennsylvania law. **No person will be denied admission to a Veterans' Home on grounds of inability to pay maintenance fees.** I agree to pay the maintenance charges and to inform the Home, at once, of any changes in my financial circumstances that may affect my ability to pay. I understand that, although my estate and I remain obligated to pay the full charge, the amount of periodic payments may be reduced depending on the amount of my income. If I am admitted to the Home, I agree to abide by all rules and regulations governing the Home.

(Applicant/Responsible Party Signature) (Date)

(Witness Signature)

If applicant is unable to sign this application, the person signing for the applicant must indicate and provide **proof** of legal authority for signing; such as, Power of Attorney, Court Order, Guardianship, etc.