



**COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF VETERANS SERVICES**

Massachusetts Veterans Home at Chelsea  
100 Summit Avenue  
Chelsea MA 02150  
TEL: (617) 884-5660 | FAX: (617) 884-1162  
[mass.gov/CHE](http://mass.gov/CHE)



**MAURA T. HEALEY**  
GOVERNOR

**KIMBERLEY DRISCOLL**  
LIEUTENANT GOVERNOR

**ERIC GORALNICK, MD, MS**  
SECRETARY, EOVS

**CHRISTINE BALDINI**  
EXECUTIVE DIRECTOR

Thank you for your interest regarding admission to the Skilled Nursing Facility for Long Term Care (nursing home) at the Massachusetts Veterans Home at Chelsea. This application and forms must be completed to start the admissions process. Eligibility for admission is based on state law. Applicant must be a Commonwealth of Massachusetts resident. To be a “veteran” under Massachusetts law a person is required to have either 180 days of regular active-duty service and a last discharge or release under honorable conditions or 90 days of active-duty service, one (1) day of which is during “wartime” and a last discharge or release under honorable conditions.

**To process your application, it is imperative that the entire application and all forms be completed, and the following copies provided:**

- **Veterans DD214 (Honorable discharge or equivalent documentation of military service)**
- **A written order from the veterans Primary Care Physician who designates that placement for Long-term care is medically and socially appropriate.**
- **All insurance cards.**
- **All financial award letters and proof of income (Employment, Social Security, Aid & Attendance, Veterans Administration, Retirement, one month bank statement etc.)**
- **Proof of Massachusetts residency**
- **Government issued Photographic Identification (i.e., Mass Drivers License, etc.)**
- **Healthcare Proxy and Guardianship, Power of Attorney documents, if applicable**

\*You must include, if eligible, Medicare A, B, and D or qualifying pharmacy plans. Also under Massachusetts General Laws Chapter 115, veterans must apply for all financial and medical benefits that they are entitled to.

**Please complete, sign, and mail to the address at the top of this letter, Attention Admissions or you can email it to Senior Admissions Coordinator Janieka Michel at [Janieka.Michel@mass.gov](mailto:Janieka.Michel@mass.gov). If you have any questions, please call the Admissions Office at 617-887-7146 or call/text 617-309-9673**

Upon receipt of your application, if it meets the admission criteria, you will be placed on a bed availability waiting list. The demand for beds far exceeds the availability, often resulting in a substantial delay between the time of application and actual admission of the patient. A screening will take place sometime between application and admission. At that time, a nurse from the Home will conduct an assessment for appropriateness.

**Remember, the application and forms must be completed, and copies of all required documentation (listed above) must be provided, or your application will not be processed and will be returned to you.**

**WE ARE A SMOKE-FREE FACILITY**



**FOR YOUR CONVENIENCE, WE HAVE PROVIDED THIS CHECK LIST TO ENSURE  
THAT YOU RETURN ALL REQUIRED DOCUMENTATION**

<b>COPIES</b>	√
DD 214 (honorable discharge or equivalent documentation of military service)	
A written order from the veterans Primary Care Physician who designates that placement for Long-term care is medically and socially appropriate.	
All Insurance Cards	
Financial Award Letters and Proof of Income (Employment, Social Security, Aid & Attendance, Veterans Administration, Retirement, one month bank statement etc.)	
If applicable, copy of VA award letter proving service connection	
Proof of Massachusetts Residency (License, Utility bill, etc.)	
Government Issued Photographic Identification (i.e., Mass. Driver's License, etc.)	
Health Care Proxy, Power of Attorney, Guardianship (if applicable)	

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11. **PRE-ARRANGED FUNERAL INFORMATION**

NAME OF FUNERAL PARLOR \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CONTACT PERSON AND PHONE NO. \_\_\_\_\_

12. **FINANCIAL INFORMATION**

GROSS MONTHLY INCOME		VETERAN	SPOUSE
1. SOCIAL SECURITY	1.		
2. VA SERVICE-CONNECTED COMPENSATION	2.		
3. VA NON SERVICE CONNECTED COMPENSATION	3.		
4. VA AID AND ATTENDANCE/HOUSEBOUND BENEFITS	4.		
5. MILITARY RETIREMENT	5.		
6. OTHER RETIREMENT (Company, State, Local, etc.)	6.		
7. Regular distributions from CD's, IRA's, Money Market Funds, Rental Income	8.		
8. INTEREST INCOME:	9.		
TOTAL:			

13. **HEALTH INSURANCE INFORMATION**

TYPE OF HEALTH INSURANCE: (CHECK ALL THAT APPLY)

MEDICARE PART A \_\_\_\_\_ MEDICARE PART B \_\_\_\_\_ MEDICARE PART D \_\_\_\_\_  
 MEDEX \_\_\_\_\_ BLUE CROSS \_\_\_\_\_ OTHER \_\_\_\_\_ NONE \_\_\_\_\_ MASSHEALTH \_\_\_\_\_

MEDICARE CERTIFICATE NUMBER \_\_\_\_\_ EFFECTIVE DATE PART A \_\_\_\_\_ PART B \_\_\_\_\_

MEDEX CERTIFICATE NUMBER \_\_\_\_\_ BLUE CROSS CERTIFICATE NUMBER \_\_\_\_\_

OTHER HEALTH INSURANCE:

SUBSCRIBER'S NAME \_\_\_\_\_

NAME OF PLAN \_\_\_\_\_

ADDRESS OF PLAN \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

CONTACT PERSON, PHONE NUMBER AND ADDRESS IF PRE-ADMISSION APPROVAL REQUIRED:

\_\_\_\_\_  
 \_\_\_\_\_

**PLEASE ATTACH HEALTH CARE PROXY, POWER OF ATTORNEY, GUARDIANSHIP, AND/OR CONSERVATORSHIP, IF APPLICABLE**  
 THE ANSWERS TO ALL QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 SIGNATURE, TITLE AND TELEPHONE NUMBER OF PERSON  
 COMPLETING APPLICATION ON BEHALF OF APPLICANT

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## Funeral/Burial Arrangements

I DO have Funeral arrangements completed:

I DO NOT have Funeral arrangements made at this time:

I have Funeral arrangements in process currently:

Paperwork of arrangements provided:

Name of Funeral Home:

Address:

Contact Person:

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**MASSCHUSETTS VETERANS HOME AT CHELSEA  
DAILY CARE CHARGES**

**LONG TERM CARE (NURSING HOME)/MEMORY LOSS CARE**

\*Veteran without spouse is charged a daily care charge of \$30.00 per day with a \$300.00 personal exemption from monthly income. Income shall not include VA Aid and Attendance and/or VA Housebound, which shall be retained by the Home.

\*Veteran with spouse is charged a daily care charge of \$30.00 per day with a spousal exemption of \$1,500.00 from income combined of Veteran and spouse. Income shall not include VA Aid and Attendance and/or VA Housebound, which shall be retained by the Home.

Please note any Veteran who provides an award letter from the VA indicating he/she is 70% service connected or higher is exempt from any daily care charge no matter of marital status.

Charges are billed monthly and timely payment to the Massachusetts Veterans Home at Chelsea is required. The Superintendent has the authority to terminate the stay of a patient/resident for failure to pay the Daily care charge.

**THE AMOUNT OF THE DAILY CARE CHARGE MAY CHANGE ON A PERIODIC BASIS WITHOUT NOTICE IN ACCORDANCE WITH THE COMMONWEALTH OF MASSACHUSETTS REGULATIONS.**

**\*Income verification will be requested periodically.**

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# TO WHOM SHOULD WE SEND MAIL/BILLS

Name of veteran: \_\_\_\_\_

**Please give/send mail, including all bills, to: (check one below):**

*\*Please note we are only able to send mail to one person and cannot split certain mailing items between different parties.*

\_\_\_\_\_ Veteran

\_\_\_\_\_ Other

**If other checked, please list address where mail will be sent to:**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Apt# \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State, Zip code

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

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