



VFW VETERANS VILLAGE

13005 N.E. 135th Street Fort McCoy, Florida 32134

Ph: 352-236-0823 Fax: 352-236-2493

Website: vfwveteransvillage.org



RESIDENT APPLICATION

NON-REFUNDABLE FEES

- \$250 Application/Processing fee, which must accompany this application for Residency (pending room availability)
- \$25 Mailbox Key
- \$100 Pet deposit

Name: _____ Date: _____

DOB: _____ Male Female Social Security # or last four: _____

Telephone No: _____ Alternate No: _____

Current Address: _____

Type of Room Desired: Couple: _____ Private: _____ Shared: _____

Branch of Service or Affiliation: _____

VFW Member: Yes ___ No ___ Pending _____

Amount of Monthly Income: _____ Date of Arrival: _____

Have you ever been convicted of a felony? Yes ___ No ___ (please check one)

NO Weapons are Authorized at the VFW Veterans Village

Next of Kin: _____ (Relationship) _____

Address: _____

Contact Number: _____

What are your Funeral/Pre-Needs Arrangements: _____

Details: _____

Do you have a Last Will & Testament: Yes ___ No ___

Where is it located? _____

Who is Your Executor or Representative? _____

Tell us about yourself: _____

Current Cost as of 1 October 2008
Private Room/Single: \$ 1,415 per month

Couples: \$1,615 per month
Shared Room: \$950/\$900 per month

Please include with your Application some form of documentation of overseas service (your discharge and DD214) and a copy of your VFW, Ladies or Men's Auxiliary Membership Card, if available.

VFW Member _____ LAVFW _____ Mens Auxiliary _____

PLEASE COMPLETE BOTH SIDES



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RESIDENT FACE SHEET

Name: _____ Date: _____

DOB: _____ Male Female Married Single Widowed

Telephone No: _____ Alternate No: _____

Social Security # or last four: _____

Current Address: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Doctor: _____

Phone #: _____ Fax #: _____

Address: _____

Current Diagnosis and/or Medical Problems: _____

Medications: (attach sheet if needed) _____

Allergies: _____

Medical Implants: _____

Next of Kin: _____ (Relationship) _____

Address: _____

Contact Number: _____

Authorization for Release of Information: Having no P.O.A. or next of kin to speak on my behalf,

I, _____, currently residing at the VFW Veterans Village, 13005 NE 135th St, Fort McCoy, FL 32134, do hereby authorize the *release of necessary information* regarding my medical conditions and/or concerns to be discussed with the Director or his duly appointed representative regarding any physical or medical conditions, etc., that would affect my residency to remain/return to the facility, which is an independent living, non-medical facility.

Signed: _____ Date: _____

VFW Veterans Village Resident

Signed: _____ Date: _____

VFW Veterans Village Director/Appointed Representative