



# VFW VETERANS VILLAGE

13005 N.E. 135<sup>th</sup> 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, Auxiliary Membership Card, if available.

VFW Member \_\_\_\_\_

VFW 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 135<sup>th</sup> 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