



TO	VA FACILITY	FROM	NAME AND ADDRESS OF STATE HOME
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PAY TO	FOR MONTH ENDING
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CHANGES IN RESIDENCY FOR THE MONTH

LINE NO.	ITEM	DOMICILIARY (A)	NURSING HOME CARE (B)	HOSPITAL (C)	ADULT DAY HEALTH CARE (D)	
1	TOTAL VETERAN RESIDENTS REMAINING AT END OF PRIOR MONTH					
2	GAINS					
						ADMISSIONS ( <i>Change of status</i> )
3						ADMISSIONS ( <i>Other</i> )
4						RETURNS FROM LEAVE OF ABSENCE
5	LOSSES					
						DISCHARGES ( <i>Change of status</i> )
6						DISCHARGES ( <i>Other</i> )
7						DEATHS
8	LEAVES OF ABSENCE					
9	TOTAL VETERAN RESIDENTS AT END OF THE MONTH					

STATUS AS OF THE END OF THE MONTH

LINE NO.	ITEM	DOMICILIARY (A)	NURSING HOME CARE (B)	HOSPITAL (C)	ADULT DAY HEALTH CARE (D)
10	TOTAL NON-VETERAN RESIDENTS AT THE END OF THE MONTH				
11	TOTAL NURSING HOME CARE VETS THAT ARE 70% OR MORE SC OR IN NEED OF NH CARE FOR A SC CONDITION				
12	FEMALE VETERAN RESIDENTS REMAINING AT THE END OF THE MONTH				

TOTAL DAYS OF CARE FOR THE MONTH

LINE NO.	ITEM	DOMICILIARY (A)	NURSING HOME CARE (B)	HOSPITAL (C)	ADULT DAY HEALTH CARE (D)
13	TOTAL DAYS OF CARE FURNISHED TO VETERANS WHO ARE ELIGIBLE FOR PER DIEM PAYMENTS ( <i>Excluding 13a</i> )				
13a	TOTAL DAYS OF CARE FURNISHED TO VETERANS 70% OR MORE SC OR IN NEED OF CARE FOR A SC CONDITION				