

## STATE HOME REPORT AND STATEMENT OF FEDERAL AID CLAIMED

	VA FACILITY		NAME AND ADDRESS OF STATE HOME
TO		FROM	

PAY TO	FOR MONTH ENDING
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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	<b>GAINS</b>				
3		ADMISSIONS ( <i>Change of status</i> )			
4		ADMISSIONS ( <i>Other</i> )			
5	<b>LOSSES</b>				
6		RETURNS FROM LEAVE OF ABSENCE OF MORE THAN 96 HOURS			
7		DISCHARGES ( <i>Change of status</i> )			
8		DISCHARGES ( <i>Other</i> )			
9	DEATHS				
10	LEAVES OF ABSENCE OF MORE THAN 96 HOURS				
9	TOTAL VETERAN RESIDENTS REMAINING AT END OF THE MONTH				
10	TOTAL VETERAN DAYS OF CARE FURNISHED				
11	FEMALE VETERAN RESIDENTS REMAINING AT END OF THE MONTH				
12	NON-VETERAN RESIDENTS REMAINING AT END OF THE MONTH				

### MONTHLY STATEMENT OF ACCOUNT

LINE NO.	FEDERAL AID CLAIMED UNDER SEC.1741, TITLE 38, U.S.C., AS AMENDED	DAYS OF CARE (J)	AVERAGE DAILY CENSUS (K)	TOTAL PER DIEM COST (L)	PER DIEM CLAIMED (M)	TOTAL AMOUNT CLAIMED (N)
13	DOMICILIARY CARE			\$	\$	\$
14	NURSING HOME CARE			\$	\$	\$
15	HOSPITAL CARE			\$	\$	\$
16	ADULT DAY HEALTH CARE			\$	\$	\$
17	<b>TOTAL AMOUNT CLAIMED</b>					\$

### FOR DEPARTMENT OF VETERANS AFFAIR USE ONLY

RECEIVING REPORT - Services authorized under provisions of Sec. 1741, 1742 and 1743, Title 38, U.S.C., have been rendered in the quantity claimed and payment is recommended except as follows:	SIGNATURE AND TITLE OF STATE HOME COORDINATOR	DATE
	ACCOUNTING CERTIFICATION - AUDIT BLOCK	
	AMOUNT DUE	DATE