

# ARIZONA PIONEERS' HOME



## Qualifying Documents Physically Disabled Miner

THE MISSION OF THE ARIZONA PIONEERS' HOME IS TO PROVIDE A HOME FOR ARIZONA PIONEERS AND DISABLED MINERS THAT DELIVERS THE OPTIMAL PHYSICAL, EMOTIONAL, AND SPIRITUAL CARE IN A HOMELIKE AND COMPASSIONATE ENVIRONMENT. QUALITY CARE IS PROVIDED IN A PROFESSIONAL MANNER, PROTECTING DIGNITY AND HONORING THE PERSONAL DIRECTIVES OF EACH RESIDENT, WHILE CONSIDERING THE UNIQUENESS OF EACH INDIVIDUAL

300 S McCormick St. Prescott, AZ 86303

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Main: (928) 445-2181 FAX (928) 778-1148

Hello,

This is the Qualifying Documents packet for Physically Disabled Miners. These documents help our staff to determine if you meet the requirements of residency as stated in the Arizona Revised Statute 41-942 .

- Affidavit for Mining Employment
- Physician's Certificate for Miners

The Physician's Certificate must be completed by your primary care physician and include supporting documentation.

Once you have these completed, please fill out the packet entitled Application for Admission.

As always, feel free to contact us with any questions.

Thank you,

Jeanette Means  
Administrative Services  
Arizona Pioneers' Home  
928-277-2721  
[jeanette.means@aph.az.gov](mailto:jeanette.means@aph.az.gov)



**AFFIDAVIT OF MINING EMPLOYMENT (continued)**

When applying to the Arizona Hospital for Disabled Miners, an applicant must provide information about working in the occupation of mining, showing that they meet the State requirements for admission. Please provide the following:

**Mining Employment History**

Dates	Company	Job Title	City
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Total Number of years worked in the mining industry: \_\_\_\_\_

List any other information that will substantiate and verify you worked in the occupation of mining:

\_\_\_\_\_

\_\_\_\_\_

I understand the Arizona Pioneers' Home may require documentation to verify mining employment.

**Certification**

I certify that, to the best of my knowledge, I meet the qualifications for admission to the Arizona Hospital for Disabled Miners at the Arizona Pioneers' Home. (Check appropriate box)

- I have been a resident of the State of Arizona while in the occupation of mining.
- I physically participated in mining activities to develop or extract materials from a mine, or I performed executive, administrative, support or clerical functions for the owner or operator of a mine *in which there was significant environmental exposure to mining activities*, that could be detrimental to a person's health.
- I am a citizen or legal resident of the United States.
- I have reached the age of sixty (60) or more years.
- I am under sixty (60) years of age and request exception based on A.R.S. 41-492-B.
- I have suffered an incapacitating injury (or illness) arising from the occupation of mining.
- I am financially unable to support myself.

By submitting this affidavit, I certify and swear that I meet the above qualifications and am submitting this application so that I may become a resident of the Arizona Miners Hospital if it appears that I possess all of the qualifications.

Signature of Resident/Resident's Representative \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_\_.

My commission expires \_\_\_\_\_ Notary Public: \_\_\_\_\_

**ARIZONA PIONEERS' HOME**  
**DISABLED MINER – PHYSICIAN CERTIFICATE**

Miner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

*I have on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, examined \_\_\_\_\_, an applicant to the Arizona Hospital for Disabled Miners.*

Arizona Revised Statute requires individuals applying to the Arizona Pioneers' Home as a Disabled Miner to show verification of an injury or condition of mining, "**incapacitating injuries**", that is directly related to their current medical state (A.R.S. 41-942).

What is the injury or condition of mining that caused the applicant's current medical state?

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Provide details as to how this is evidenced.

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How do the incapacitating injuries/illness effect the applicant's ability to perform their activities of daily living?

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I find that he/she has the following contagious or infectious disease. (Include reports of x-rays and/or lab work)

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Does the applicant need special care because of confusion or disorientation? Please explain:

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Does the applicant require **special equipment**? Please explain:

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Please attach any relevant supporting documentation.

The Arizona Pioneers' Home may require additional documentation, including medical records, to verify mining injury/illness.

\_\_\_\_\_  
Printed Name of Licensed Medical Provider - include Credentials

\_\_\_\_\_  
Signature of Physician

Date: \_\_\_\_\_

Phone of Medical Provider: \_\_\_\_\_

Address of Medical Provider: \_\_\_\_\_

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