

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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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,

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Arizona Pioneers' Home
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AFFIDAVIT OF MINING EMPLOYMENT

A.R.S. 41-942. Qualifications for admission to hospital; definitions

- A. A person, under the order of the Governor, may be admitted to the Hospital for Disabled Miners who:
- 1. Has been a resident while in the occupation of mining in this state.
 - 2. Is a citizen or legal resident of the United States.
 - 3. Has reached the age of sixty years or more, and is financially unable to support himself, or has suffered incapacitating injuries arising from and in the course of mining.
- B. Based on available space and funding, the governor may approve a person for admission to the hospital for miners with disabilities who has not yet reached the age of sixty years but otherwise qualifies for admission under subsection A.
- C. For the purposes of this section:
- 1. "Claim" has the same meaning prescribed in section 27-301.
 - 2. "Mine" has the same meaning prescribed in section 27-301.
 - 3. "Mining":
 - a. Has the same meaning prescribed in section 27-301.
 - b. Does not include performing executive, administrative, support or clerical functions for the owner or operator of a mine, unless a person who performs executive, administrative, support or clerical functions for the owner or operator of the mine had significant environmental exposure to mining activities that could be detrimental to a person's health.
 - c. Does not include activities performed by an owner of a private mining claim who did not actually work the claim.

Date: _____

Name: _____
Last First Middle Initial

Address: _____
Street City Zip

Cell Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

References: (List names and addresses of friends or relatives who can verify that you have been in the occupation of mining and have lived in Arizona as required by State law.)

Name: _____ Relationship: _____

FULL Address/Phone: _____

Name: _____ Relationship: _____

FULL Address/Phone: _____

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
Dates	Company	Job Title	City
Dates	Company	Job Title	City

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: _____

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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?

Provide details as to how this is evidenced.

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

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

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

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

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: _____
