

PLEASE FILL OUT COMPLETELY

**SUNSET HOME
418 Washington
Quincy, IL 62301-4897**

APPLICATION FOR ADMISSION

Date of Application: _____

TO THE BOARD OF TRUSTEES OF SUNSET HOME OF QUINCY, ILLINOIS:

I, the undersigned, herewith apply for admission to Sunset Home and therefore submit the following information, which I declare to be true in every particular.

Social Security # Medicare # Public Aid (Case #) (Recipient #)

1. NAME: _____ (_____) _____
(Last) (First) (Middle) (Area code & Phone #)

2. ADDRESS: _____
(Street) (City) (State & zip) (How long)

3. DATE OF BIRTH: ____/____/____ CITY, COUNTY & STATE OF BIRTH: _____ AGE: _____

4. FORMER OCCUPATION: _____

MILITARY SERVICE: WHEN _____ WHERE: _____

MILITARY BRANCH: _____ NUMBER OF YEARS: _____

(Veterans are reminded they would be eligible for care in a Veterans facility regardless of ability to pay)

5. FATHER'S NAME: _____ MOTHER'S MAIDEN NAME: _____

6. NAME OF YOUR SPOUSE: _____ DATE OF YOUR MARRIAGE: _____

7. MARRIED _____ WIDOWED _____ DIVORCED _____ SINGLE _____

8. Names of children or others to be called in case of emergency:
(These persons will be added to our mailing list upon your entrance.)

NAME: _____ RELATIONSHIP: _____ AGE: _____

STREET: _____ PHONE #: (H) (____) _____ - _____ (W) (____) _____ - _____
(Cell #) (____) _____ - _____ (Pager #) (____) _____ - _____
Email Address: _____
(City, State & Zip)

NAME: _____ RELATIONSHIP: _____ AGE: _____

STREET: _____ PHONE #: (H) (____) _____ - _____ (W) (____) _____ - _____
(Cell #) (____) _____ - _____ (Pager #) (____) _____ - _____
Email Address: _____
(City, State & Zip)

NAME: _____ RELATIONSHIP: _____ AGE: _____

STREET: _____ PHONE #: (H) (____) _____ - _____ (W) (____) _____ - _____
(Cell #) (____) _____ - _____ (Pager #) (____) _____ - _____
Email Address: _____
(City, State & Zip)

9. Church Membership: _____

Address: _____ Phone: _____

Minister's Name: _____

10. I am physically able to care for myself? () YES () NO

If answer is no, what special attention is required:

11. Do you use tobacco or smoke? _____ Do you use alcoholic beverages? _____
(No smoking is allowed within Sunset Home) (Alcoholic beverages must be ordered by a physician and dispensed by a nurse).

12. PHYSICIAN: _____
(First & Last Name) (Address, City, State & Zip) (Telephone #)

PHARMACY: _____
(Address, City, State & Zip) (Telephone #)

DENTIST: _____
(First & Last Name) (Address, City, State & Zip) (Telephone #)

EYE DOCTOR: _____
(First & Last Name) (Address, City, State & Zip) (Telephone #)

PODIATRIST: _____
(First & Last Name) (Address, City, State & Zip) (Telephone #)

13. I prefer a Private Room: _____ Semi-Private Room: _____ 3 Bed Room: _____

14. STATEMENT OF FINANCIAL RESOURCES: (The following questions must be answered accurately and completely. Any and/or all information may be confirmed through credit investigation. Thus when you sign this application you will be affirming the accuracy of the statements herein).

DO YOU HAVE ENOUGH RESOURCES (APPROXIMATELY \$ _____ PER YEAR) TO PROVIDE FOR YOUR CARE FOR: 5 _____ 3 _____ 2 _____ 1 _____ YEAR(S).

I PLAN TO APPLY FOR PUBLIC ASSISTANCE AS SOON AS MY RESOURCES BECOME DEPLETED
() YES () NO DATE: _____ I AM PUBLIC ASSISTANCE NOW _____

Total Annual Income (Applicant only) \$ _____ as follows: Social Security \$ _____

Retirement Fund \$ _____ Rentals \$ _____ Public Assistance \$ _____

Assets: Savings \$ _____ Checking \$ _____ Cash \$ _____ Other _____

Other Income & Source _____

Real Estate Holdings: _____
(Address) (Market Value)

15. HOSPITALIZATION INSURANCE:

Blue Cross _____ Blue Shield _____ Policy No.: _____

Any other hospital insurance:

Company Name: _____ Address: _____

Policy No.: _____

16. Do you have a Living Will? YES _____ NO _____
17. Do you have a Health Care Power of Attorney? YES _____ NO _____ Who is it? _____
(Name & Relationship)
- Do you have a Financial Power of Attorney? YES _____ NO _____ Who is it? _____
(Name & Relationship)
18. I (applicant) will be responsible for payment of bill for my care. YES _____ NO _____
If no, please answer question 19.
19. Name of the person/bank who will serve as payer for payment of charges for my care.
NAME: _____
- Relationship to Applicant: Relative (); Joint Bank Account (); Friend (); Legal Power of Attorney ();
Bank Trust Department () If bank, name of bank and name of person to contact at the bank:

20. I have applied to another Home? _____ If yes, name of Home: _____
21. I agree to keep Sunset Home informed of any change of address, condition, or plans at all times. () YES () NO
22. I desire to enter Sunset Home () at once, () at a later time. If later, give approximate time: _____
23. I am seeking admission because: _____
24. My hobbies or interests are as follows: _____
25. Funeral Director: Name: _____ Place of Burial: _____
Address: _____ Telephone No.: _____
26. The Illinois Department of Public Health has changed its rules regarding TB tests for entering a facility under its supervision. Therefore residents coming to Sunset Home will be required to have a Mantoux skin test. A follow-up test will be administered between one and three weeks of admission. If either test is positive the physician and Illinois Department of Public Health will determine a proper course of action.
27. If, after admitted into Sunset Home I should suffer mental ailments making it expedient to terminate my stay, I agree to be transferred to some other suitable institution on the advice of my physician and in counsel with my family or sponsor.
() YES () NO
28. I agree that any misrepresentation or omission of information called for herein will disqualify me for admittance into Sunset Home and be cause for dismissal from it if discovered after my admittance. () YES () NO
29. I (applicant) agree to submit to a physical examination by my physician before admission () YES () NO. Applicant must furnish a copy of physical examination from physician concerning physical and mental condition before admission. (Form furnished by Sunset Home).
30. Residents are cautioned not to bring excessive furniture, clothing or memorabilia. Our storage area outside a resident's room is primarily for out-of-season clothing.
31. Applicants agree to occupy the room assigned with the understanding that the Home reserves the right to make room changes at any time. The Home makes table assignments in the dining room, which is also subjected to change.

32. Monthly room and care charges are due on or before the 10th of each month. (Example: January room charges are due on or before January 10th).

33. A refund will be made under the following conditions:

- a. When a resident voluntarily leaves the Home, seven (7) days notice is expected for internal planning.
- b. When Sunset Home is given a seven (7) day notice that the resident/patient is leaving the Home a refund will be given for the number of days remaining in the month.
- c. In case of death, a refund will be given to the next of kin effective on the day of death of the resident/patient, providing all possessions have been removed from the room; otherwise the refund will be made from the date on which the possessions of the resident/patient have been removed and the room is released for other use.

34. Sunset Home is open to persons regardless of age, race, color or religious beliefs.

35. I understand this application needs to be reviewed before acceptance for admission is given.

Signature of Applicant: _____ Date: _____

Witness: _____ Date: _____

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FOR OFFICE USE ONLY

Date application received in Sunset Home Office: _____

Date and report of interview with applicant: _____

Date of Admission to the Home: _____

Signature of admitting officer: _____

Date of dismissal, departure or death: _____

Additional Comments: _____
