

Administrator approval _____

GOLDEN GOOD SHEPHERD HOME

GOLDEN, ILLINOIS

217-696-4421

Application for Admission

Social Security Number

Medicare Number

Date

To the Board of Directors of the Golden Good Shepherd Home:

I, the undersigned, herewith apply for admittance to the Golden Good Shepherd Home and therefore submit the following information which I declare to be true in every particular.

1. Name _____
2. Address _____ Home/Cell Phone _____
3. Date of Birth _____ Place of Birth _____
City County State Age _____
4. Occupation when working: _____ Kind of Business: _____
5. Citizen of what country: _____
6. Father's full name: _____
7. Mother's full name: _____
8. Were you ever in the armed services? Yes ___ No ___ Branch of Service: _____
9. Highest level of education: _____ Date of graduation: _____
10. Marital Status: Married Widowed Divorced Single
11. Name of Spouse: _____ If deceased, date: _____
12. Give names, addresses and phone numbers of immediate family and relationship:

<u>Name</u>	<u>Address</u>	<u>Cell/Home Phone #</u>	<u>Email</u>	<u>Relationship</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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13. Religious affiliation:

A. Name & Address of church congregation? _____

B. Name of pastor _____ Phone: _____

14. Your general state of health:

A. Are you able to care for your needs? Yes___ No___

B. Would you require special attention of any kind? Yes___ No___

Explain: _____

C. Do you use tobacco? Yes___ No___ Do you use alcoholic beverages? Yes___ No___

D. Name of Physician _____

E. Name of Dentist _____

F. Name of Eye Doctor _____

15. Kind of residential services needed or preferred:

Single ___ Double ___

16. Financial record:

A. Total Income: _____ per month/per year

Pension \$ _____ per month/per year Social Security \$ _____ per month/per year

Pension Source _____ Public Aid \$ _____

B. Other assets: \$ _____ Life Insurance: \$ _____

Savings \$ _____ Checking \$ _____

Real Estate Holdings _____

Name and address of bank _____

C. If the applicant becomes unable to manage his own finances, give name, address, telephone number, and signature of the person who will be responsible for making the regular payments to the Golden Good Shepherd Home.

<u>Responsible party</u>	<u>Address</u>	<u>Cell/Home Phone #</u>	<u>Email</u>	<u>Relationship</u>
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I will be responsible for staying current on the above applicant's balance due to Golden Good Shepherd Home. Signed _____

<u>Name of Power of Attorney</u>	<u>Address</u>	<u>Cell/Home Phone #</u>	<u>Email</u>	<u>Relationship</u>
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<u>Name of Guardian</u>	<u>Address</u>	<u>Cell/Home Phone #</u>	<u>Email</u>	<u>Relationship</u>
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17. Have you ever been a resident of any other Home?

- A. Name of Home _____
- B. Date entered _____ Reason for leaving _____
- C. Will you notify the Golden Good Shepherd Home if and when you are admitted to another Home? _____ (it is important that the applicant keep the Golden Good Shepherd Home aware of his needs when any change occurs.)

18. When do you wish to enter the Golden Good Shepherd Home?

At once _____ Give approximate date _____

At a later date _____

19. Name & Address of funeral director: _____

Ambulance service: _____

Hospital preference: _____

20. If, after admitted into the Golden Good Shepherd Home, you should suffer mental ailments, making it expedient to terminate your stay there, do you agree to be transferred to some other suitable institution? Yes___ No___

21. Do you agree that any misrepresentation or omissions of information called for herein will disqualify you for admittance into the Golden Good Shepherd Home and will be cause for dismissal from it if discovered after your admittance? Yes___ No___

22. Please provide a copy of Living Will and/or DNR.

Signature of applicant

Signature of witness

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1. Date of admission to the Home _____
2. Report of interview with applicant _____
3. Date of dismissal, departure or death _____