

**HENDERSON COUNTY
RETIREMENT CENTER, INC.**

OAK LANE NURSING & REHAB
PO Box 30 ◦ Stronghurst, IL 61480
(309)924-1123

OAK WOOD ESTATES
200 S Logan ◦ Stronghurst, IL 61480
(309)924-1910

APPLICATION FOR ADMISSION

Please give ALL information requested on pages 1 - 3:

Date ____ / ____ / ____

(Please notate "N/A" for "Not Applicable" where appropriate)

Name of Applicant _____

Last

First

Middle

Is placement considered Short term ____ or Long term ____ (check one)

I am looking for immediate placement: Yes No

I am hoping for admission with the next 1-6 months: Yes No

Home Address _____ Telephone No. _____

Street

City

State

County

Zip Code

Birth Date _____ Age _____ Sex _____ Citizenship _____

Marital Status: Single Married Widowed Separated Divorced

Name of Spouse _____

Present Location of Applicant (if other than home address): _____

Address: _____

Street

City

State

Zip Code

Former Residence in a Nursing Home or Adult Care Facility?: Yes No If so, where _____

Do Not Resuscitate Order: Yes No Organ Donation: Yes No

Does Applicant have wandering Yes No or aggressive behaviors Yes No?

- Please explain _____

Social Security No. _____

Veteran: Yes No Spouse Veteran: Yes No

Medicare No. _____

Part A Part B Effective Date _____

Medicare D Prescription Plan No. _____

Medicaid RIN No. _____ County _____

Effective Date _____ Pending Application/Date Submitted _____

Medicare Supplement Insurance Name and No. (Or other secondary insurance) _____

Insurance Prescription Card No. _____

Long Term Care Insurance Name and No. _____

Other Insurance _____

Attending Physician _____ Telephone No. _____

Address _____

Street

City

State

Zip Code

(Please submit copies of all insurance cards with application)

Funeral Home _____
Name Address Phone #

Life Insurance _____
Company Name Policy #

Face Value Amount _____ Cash Value Amount _____

Beneficiary _____
Name Address Phone #

Responsible Party:

Name _____ Relationship _____ Telephone No. _____

Address _____
Street City State Zip Code

Power of Attorney/Guardian(s)/Conservators

(Attach copies of Power of Attorney, Guardianship and Conservator Court Orders)

Name _____ Telephone No. _____

Address _____
Street City State Zip Code

Health Care Power of Attorney/Guardian(s)/Conservators

(Attach copies of Power of Attorney, Guardianship and Conservator Court Orders)

Name _____ Telephone No. _____

Address _____
Street City State Zip Code

Applicant's Monthly Income:

Salary.....\$ _____/month
Social Security.....\$ _____/month
Retirement Pension Name (Please Specify): _____\$ _____/month
Veteran's Pension.....\$ _____/month
Railroad Pension.....\$ _____/month
Supplementary Security Income:\$ _____/month
Other Monthly Income (Please Specify): _____\$ _____/month

Applicant's Spouse's Monthly Income:

Salary.....\$ _____/month
Social Security.....\$ _____/month
Retirement Pension Name (Please Specify): _____\$ _____/month
Veteran's Pension.....\$ _____/month
Railroad Pension.....\$ _____/month
Supplementary Security Income:\$ _____/month
Other Monthly Income (Please Specify): _____\$ _____/month

Assets of Applicant and Applicant's Spouse:

Name of Investment/Broker Accts _____ Present Value _____
Address of Investment/Broker Accts _____
Checking Account: Bank _____ Account No. _____ Amount _____
Bank _____ Account No. _____ Amount _____
Savings Account: Bank _____ Account No. _____ Amount _____
Bank _____ Account No. _____ Amount _____
Real Estate: Yes No
Name/Address of Trusts _____ Date Trust Establish _____
Beneficiaries _____ Amount _____
Other Assets _____

Liabilities of Applicant and Applicant's Spouse:

Mortgage.....\$ _____/month
Credit Card Institution(s) _____ Account No(s). _____
Other (Please Specify): _____ \$ _____/month

BY SIGNING THIS APPLICATION, I AUTHORIZE THE FACILITY TO VERIFY WITH BANKS, EMPLOYERS, VETERAN'S ADMINISTRATION, SOCIAL SECURITY, MEDICAID, INSURANCE AND/OR OTHER INSTITUTIONS ACCURACY OF INFORMATION

To the best of my knowledge all the above information is correct and valid.

Signature of Applicant or Responsible Party (***REQUIRED***)

Date

Applications are accepted and considered without regard to race, creed, color, age, sex, religion, national origin, sponsor, sexual preference, blindness, or other handicap.