



SUNSET HOME
418 Washington
Quincy, IL 62301-4897

APPLICATION FOR ADMISSION

Date of Application: _____

Social Security # Medicare # Medicare Advantage # Medicaid #

FULL LEGAL NAME: _____
(Last) (First) (Middle) (Area code & Phone #)

PREFERRED NAME: _____

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

DATE OF BIRTH: ____/____/____ CITY & STATE OF BIRTH: _____ AGE: _____

RACE: _____ GENDER: _____

FORMER OCCUPATION: _____

ARE YOU OR YOUR SPOUSE A VETERAN? _____ YES _____ NO
MILITARY SERVICE: WHO: _____ WHERE: _____
BRANCH OF SERVICE: _____ NUMBER OF YEARS: _____
(Veterans are reminded they would be eligible for care in a Veterans facility regardless of ability to pay)

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

NAME OF YOUR SPOUSE: _____

MARRIED _____ PARTNERED _____ WIDOWED _____ DIVORCED _____ NEVER MARRIED _____

People you wish to be called in case of emergency

NAME: _____ RELATIONSHIP: _____
STREET: _____ PHONE #: (H) (____) _____ (W) (____) _____
(Cell #) (____) _____

Email Address: _____
(City, State & Zip)

NAME: _____ RELATIONSHIP: _____
STREET: _____ PHONE #: (H) (____) _____ (W) (____) _____
(Cell #) (____) _____

Email Address: _____
(City, State & Zip)

NAME: _____ RELATIONSHIP: _____
STREET: _____ PHONE #: (H) (____) _____ (W) (____) _____
(Cell #) (____) _____

Email Address: _____
(City, State & Zip)

Religion followed: _____ Church/Place of worship: _____

Address/phone: _____

Do you use tobacco or smoke? _____

*No tobacco products are allowed on Sunset Home property

Do you use alcoholic beverages? _____

*Alcoholic beverages are allowed but must be ordered by a physician and dispensed by a nurse.

PRIMARY PHYSICIAN: _____
(Name) (Clinic/Address) (Telephone #)

NURSE PRACTITIONER MAY SEE AT FACILITY ON BEHALF OF PROVIDER: YES _____ NO _____

DENTIST: _____
(Name) (Clinic/Address) (Telephone #)

OTHER PHYSICIANS: _____
(eye dr., podiatrist, other (Name) (Clinic/Address) (Telephone #)
specialists)

(Name) (Clinic/Address) (Telephone #)

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 RESOURCES (APPROXIMATELY \$ 72,000.00 PER YEAR) TO PROVIDE FOR YOUR CARE?
() YES () NO IF YES, FOR: _____ YEAR(S).

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

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

Assets: Savings \$ _____ Checking \$ _____ Pension/s \$ _____

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

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

Have you transferred or given away any assets or monies in the last five (5) years? _____

HOSPITALIZATION/MEDICARE SUPPLEMENTAL INSURANCE:

Company Name: _____ Address: _____
Policy No.: _____

LONG TERM CARE INSURANCE:

Company Name: _____ Policy No.: _____

LEGAL REPRESENTATION

****Please provide copies of these documents****

Do you have a completed Power of Attorney for Health Care form? YES _____ NO _____

Who is it? _____

Do you have a completed Power of Attorney for Property form? YES _____ NO _____

Who is it? _____

Other (guardian, surrogate, etc): _____.

To whom should bills be sent? _____.

I agree to keep Sunset Home informed of any change of contact information (address, phone, etc). () YES () NO

I desire to enter Sunset Home () at once, () at a later time.

My hobbies or interests are as follows: _____

Funeral Home: Name: _____

Address: _____ Telephone No.: _____

Have prepaid funeral arrangements been made for applicant? Yes _____. No _____.

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.

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.

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.

I (applicant) agree to submit to a physical examination by my physician before admission. Applicant must furnish a copy of physical examination from physician concerning physical and mental condition before admission.
(Form furnished by Sunset Home).

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.

Applicants agree to occupy the room assigned with the understanding that the Home reserves the right to make room changes as needed to provide appropriate care.

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).

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.

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

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

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

Signature: _____ Relation: _____ Date: _____

Witness: _____ Relation: _____ Date: _____

(REVISED: 5/1/2018)
