

SUNNY HILL

Nursing Home of Will County
421 Doris Ave. Joliet, IL 60481

Application for Admission

Residents Name _____ Birth Date _____

Home Address _____ City _____

State _____ Zip _____ Religion _____ Church _____

Highest Level of Education Completed <8th Grade 9-11th grade High School Some College

Tech/Trade School Bachelor Degree Graduate Degree

Felony Conviction Y N ****Sunny Hill does not accept anyone with a felony background****

Military Service Y N Branch of Service _____ Marital Status _____

Father's Name _____ Mother's Maiden Name _____

Place of Birth _____ Previous Occupation _____

Resident is now at home hospital nursing home other (specify) _____

Any Previous nursing home admission (When & Where) _____

Contact Person & Phone # _____

Dates of most recent hospital stay _____

Personal Physician's Name _____ Phone # _____

Will the resident's physician visit them at Sunny Hill Yes No

Resident's Contact Person _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____

Email _____

Resident's 2nd Contact Person _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell _____

Email _____

Advance Directives prepared:

- Guardianship
- Power of Attorney for Health Care & Financial
- Living Will
- DNR/POLST

Person appointed: _____

**Please attach copy of any Advance Directive

Social Security # _____ Medicare # _____ Part A _____ Part B _____
Secondary/Supplement Insurance _____
Address: _____ Policy# _____

Medicaid Recipient Yes No Please provide # _____

Medicare D or Prescription Rx Coverage Yes No

Any long term care insurance that will cover nursing home care Yes No

**Please attach copy of all medical insurance cards both the front and back.

Monthly Income:	<u>Potential Resident</u>		<u>Spouse</u>
Social Security	\$ _____	Social Security	\$ _____
Retirement	\$ _____	Retirement	\$ _____
V.A. Pension	\$ _____	V.A. Pension	\$ _____
Other Income	\$ _____	Other Income	\$ _____

Cash assets in banks, credit unions, savings and financial institutions:

Institution name: _____ Checking account Savings account
Name(s) listed on account _____ Balance _____

Institution name: _____ Checking account Savings account
Name(s) listed on account _____ Balance _____

Does Resident own a home Yes No Value: _____ Owned jointly _____

Does Resident own any additional property? Please explain. _____

Funeral Home location choice _____ Phone _____

Has the Resident made pre-paid funeral home arrangements Yes No

Has it been assigned in a trust to the funeral home Yes No Value: _____

Any other assets or investments (Stocks, Bonds, IRA, Property etc)? Yes No Explain: _____

Life Insurance company: _____ Cash Value of policy: _____
Annuities (please list): _____

Signature of person completing application _____ Date _____

I, the undersigned, hereby certify and swear that all information on this form is true, accurate and complete.