



Sunny Hill Nursing Home of Will County  
421 Doris Ave. Joliet, IL 60433

## Application For Admission

**Residents Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Church: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Previous Occupation: \_\_\_\_\_ Military Service: \_\_\_\_\_

Resident is now at:  home  hospital  nursing home  other (specify) \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous nursing home admission? \_\_\_\_\_

Personal Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Will the resident's physician visit them at Sunny Hill? \_\_\_\_\_

Resident's Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day time phone: \_\_\_\_\_ Other: \_\_\_\_\_

Other contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Other: \_\_\_\_\_

Advance Directives prepared:

- Guardianship
- Power of Attorney for Health Care
- Financial Power of Attorney
- Living Will

Person appointed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Information:

Social Security # \_\_\_\_\_ Medicare # \_\_\_\_\_ Part A \_\_\_\_\_ Part B \_\_\_\_\_

Nursing Home Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ Policy# \_\_\_\_\_

Medicaid Recipient # \_\_\_\_\_

Any other insurance that will cover nursing home care?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Policy# \_\_\_\_\_

Monthly Income:

Social Security \$ \_\_\_\_\_

Retirement \$ \_\_\_\_\_

V.A. Pension \$ \_\_\_\_\_

Rental Income \$ \_\_\_\_\_

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

Institution name: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_

Name(s) listed on account: \_\_\_\_\_

Institution name: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_

Name(s) listed on account: \_\_\_\_\_

Institution name: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Balance: \_\_\_\_\_

Name(s) listed on account: \_\_\_\_\_

Does Resident own a home? \_\_\_\_\_ Value: \_\_\_\_\_ Owned jointly: \_\_\_\_\_

Does Resident own any additional property? Please explain. \_\_\_\_\_

Life Insurance company: \_\_\_\_\_ Cash Value of policy: \_\_\_\_\_

Annuities (please list): \_\_\_\_\_

Has the Resident made pre-paid funeral home arrangements? \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this an irrevocable trust? \_\_\_\_\_ Value: \_\_\_\_\_

Any other assets or investments? \_\_\_\_\_

Company name: \_\_\_\_\_ Value: \_\_\_\_\_

Company name: \_\_\_\_\_ Value: \_\_\_\_\_

Company name: \_\_\_\_\_ Value: \_\_\_\_\_

Signature of person completing application \_\_\_\_\_ Date \_\_\_\_\_