Complete and Return to:

Catherine Kasper Village
Division of St. Vincent's Home, Inc.
1440 North 10th Street
Quincy, IL 62301

APPLICATION FOR ADMISSION

Note: Please answer all information as completely and accurately as possible. The Admission Committee holds this information in strict confidence.

BASIC INFORMATIJON

Full Name: ___________________________________ Phone Number: __________________
Address: __________________________ City: ________________ State: ___________
Social Security Number: _________________________
County and State of Legal Residence: ____
Date of Birth: ________________ State of Birth: ____________
Marital Status (Check one): Married ___ Widowed ___ Single ___ Divorced ___
Name of Spouse: ______________________________ Phone Number: __________________
Address: _______________________________________
Previous Homes Applied to:
Name: ______________________________ Address: __________________________________
Name: ______________________________ Address: __________________________________
Name: ______________________________ Address: __________________________________

EMERGENCY INFORMATION

In case of death or serious illness, notify:
Emergency Contact: ______________________ Relationship: ___________ Phone: ______________

MEDICAL HISTORY

Name, Phone, and Address of all treating physicians:
____
____
____
Healthcare Power of Attorney: ________________________ Phone: ________________
Note: Please also attached a copy of the executed Power of Attorney.
Health Insurance Provider: _______________________________________

List any assistance needed to perform daily activities:
____
____

INCOME

List all income sources and values:

Source: ___________________________ Value: $__________
Source: ___________________________ Value: $__________
Source: ___________________________ Value: $__________
Source: ___________________________ Value: $__________
Source: ___________________________ Value: $__________

REFERENCES

Please provide three references below:

Name: _____________________ Relationship: ________________ Phone: ___________________
Name: _____________________ Relationship: ________________ Phone: ___________________
Name: _____________________ Relationship: ________________ Phone: ___________________

ADDITIONAL INFORMATION

Note: The information requested below is optional. You are not required to answer the below questions. Answers to these questions do not affect the acceptance or denial of your application.

Religious Denomination/Affiliations:____
Church Name and Location: ____
Hobbies/Community Involvement: ____

Note: If you have been diagnosed with Alzheimer's or dementia, you may not qualify for this housing. Please contact Catherine Kasper Village if you have been diagnosed with such condition.