



1440 North 10th * Quincy, Illinois 62301
(217) 224-3780 * Fax (217) 224-3827

Our family guiding your family through the next seasons of life.

Resident Identification (LIST NAME AS LISTED ON M/C CARD)

Resident's Name _____ Nickname _____

Address _____ Phone _____ - _____ - _____

City, State, Zip Code _____ County _____

Prior Living Arrangements: Alone _____ With Family _____ Other Facility _____

Sex: Male _____ Female _____ Birth date _____ - _____ - _____ Birth Place _____

Social Security Number _____ / _____ / _____

Medicare Number _____ / _____ / _____

Financial Record

A. Amount of Income
Monthly Income _____ Source (s) _____

B. Other Assets
Savings\$ _____ Real Estate Holding \$ _____ Other\$ _____

Name and Address of Your Bank _____

Marital Status

Never married _____ Married _____ Widowed _____ Separated _____ Divorced _____

Is Spouse Living? Yes _____ No _____ Date of Spouse's Death _____ / _____ / _____

Spouse _____ Home Phone Number (_____) _____ - _____

Address _____ Business Phone Number (_____) _____ - _____

City, State, Zip _____ Occupation _____

Date of Marriage _____ / _____ / _____ Where Married _____

Military

Military Service Yes _____ No _____ Branch of Armed Forces _____

Advanced Directives

Power of Attorney for Health Care: Yes _____ No _____ Agents Name _____

Living Will of Medical Directive: Yes _____ No _____

Organ Donor: Yes _____ No _____ Organs _____

Physicians

Name of Medical Doctor _____ Phone # ____/____/____

Name of Alternate Doctor _____ Phone # ____/____/____

Name of Psychiatrist _____ Phone # ____/____/____

Name of Dentist _____ Phone # ____/____/____

Name of Foot Doctor _____ Phone # ____/____/____

Name of Eye Doctor _____ Phone # ____/____/____

Preferred Religion

Congregation _____ Clergy _____

Address _____ Home Phone Number ____/____/____

City, State, Zip Code _____ Work Phone Number ____/____/____

Professional Services

Funeral Home _____

Address _____ Phone Number ____/____/____

City, State, Zip Code _____

Educational and Occupational History

Education Level _____ Primary Language _____

Previous Occupation _____

Date and Age of Retirement _____

Hobbies Special Interests:

Contact Information

Please list contact person(s). These names will be listed on the face sheet in chart as person(s) to be contacted for needs or emergencies.

1. Name _____ Relationship _____

Home Phone Number ____/____/____ Cell Phone Number ____/____/____

Home Address _____ City/State/Zip _____

Business Name _____ Occupation _____

Business Address _____ Business Phone ____/____/____

City, State, Zip Code _____

Name listed in #1 space will be considered first Emergency Notification

2. Name _____ Relationship _____

Home Phone Number ____/____/____ Cell Phone Number ____/____/____

Home Address _____ City/State/Zip _____

Business Name _____ Occupation _____

Business Address _____ Business Phone ____/____/____

City, State, Zip Code _____

Name listed in #2 space will be considered second Emergency Notification

Billing Information (Responsible Party)

Bills sent to _____

Name

Address

____/____/____

Phone Number

Criminal Back Ground Checks

Have you ever had any dealings with the court system? Yes_____ No_____

Have you ever been convicted of a sex crime? Yes_____ No_____

Explain_____

As required by the State of Illinois, based on the Illinois Department of Public Health’s Emergency Rules: Sex offenders and Felons, UCIA Police Background Checks must be completed on every potential nursing home resident prior to admission.

Your admittance is considered conditional pending the results of the criminal background check.

Health Care History

Have you ever been a resident at any other facility? Yes_____ No _____ If yes, where? _____

List reason for leaving _____

Severe mental Illness

St. Vincent’s Home does not have services and/or the staff training in place to offer treatment for persons with severe mental illness; therefore, St. Vincent’s Home cannot admit persons who require specialized treatment of these disorders.

If after being admitted into St. Vincent’s Home, you should suffer severe mental ailments making it expedient to terminate your stay here; do you agree to be transferred to some other suitable institution?

Yes _____No _____

Application Process

St. Vincent’s Home does not charge an application fee. A completed application places the applicant on the list for admission. Applications must be updated annually. If at 1 (one) year the application is not updated, then this will result in name of applicant to be removed from the waiting list and application discarded.

It is important to notify St. Vincent’s Home if/when you are admitted to another facility.

Do you agree that any misrepresentation or omission of information called for herein will disqualify you for admittance into St. Vincent’s Home and will be cause for dismissal from it if discovered after your admittance?

Yes _____No _____

Signature of Applicant_____ Date_____/_____/_____

Signature of Witness_____ Date_____/_____/_____

Contact Information (continued)

Please list contact person(s). These names will be listed on the face sheet in chart as person(s) to be contacted for needs or emergencies.

3. Name _____ Relationship _____
Home Phone Number ____/____/____ Cell Phone Number ____/____/____
Home Address _____ City/State/Zip _____
Business Name _____ Occupation _____
Business Address _____ Business Phone ____/____/____
City, State, Zip Code _____

4. Name _____ Relationship _____
Home Phone Number ____/____/____ Cell Phone Number ____/____/____
Home Address _____ City/State/Zip _____
Business Name _____ Occupation _____
Business Address _____ Business Phone ____/____/____
City, State, Zip Code _____

5. Name _____ Relationship _____
Home Phone Number ____/____/____ Cell Phone Number ____/____/____
Home Address _____ City/State/Zip _____
Business Name _____ Occupation _____
Business Address _____ Business Phone ____/____/____
City, State, Zip Code _____

Contact Information (continued)

Please list contact person(s). These names will be listed on the face sheet in chart as person(s) to be contacted for needs or emergencies.

6. Name _____ Relationship _____
Home Phone Number ____/____/____ Cell Phone Number ____/____/____
Home Address _____ City/State/Zip _____
Business Name _____ Occupation _____
Business Address _____ Business Phone ____/____/____
City, State, Zip Code _____

7. Name _____ Relationship _____
Home Phone Number ____/____/____ Cell Phone Number ____/____/____
Home Address _____ City/State/Zip _____
Business Name _____ Occupation _____
Business Address _____ Business Phone ____/____/____
City, State, Zip Code _____

8. Name _____ Relationship _____
Home Phone Number ____/____/____ Cell Phone Number ____/____/____
Home Address _____ City/State/Zip _____
Business Name _____ Occupation _____
Business Address _____ Business Phone ____/____/____
City, State, Zip Code _____