



**Personal Information**

Are you a licensed driver?    Yes    No      Would you bring a car?    Yes    No

Occupation: \_\_\_\_\_ Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

Do you have a Guardian?    Yes    No

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a Power of Attorney for Health Care?    Yes    No

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a Power of Attorney for Finances?    Yes    No

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a Living Will?    Yes    No

**Health History**

Do you need assistance w/walking?    Yes    No

Do you need assistance w/any of the following activities of daily living?

Bathing    Grooming    Eating    Dressing    Medication

Do you use tobacco?    Yes    No

Please list any medical conditions you have currently or have had: \_\_\_\_\_

\_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies you have: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please indicate who to notify in case of an emergency:

Name/Relationship                      Address                      Phone

\_\_\_\_\_

\_\_\_\_\_



# Our Lady of Angels Retirement Home



## Healthcare Coverage

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Address \_\_\_\_\_

Do you have a Long Term Care Insurance Policy?    Yes    No

If yes, please provide the following information:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Medicare Number \_\_\_\_\_

Medicaid Number \_\_\_\_\_

Our Lady of Angels Retirement Home  
 1201 Wyoming Avenue  
 Joliet, Illinois 60435

(815) 725-6631

(815) 725-3140 Fax

**FINANCIAL DISCLOSURE AND CERTIFICATION**

The following disclosure of your income, assets and liabilities is an important part of the admission process. The financial information you provide will be kept confidential to Our Lady of Angels Retirement Home. Our Lady of Angels Retirement Home relies on your complete and accurate disclosure of this financial information in making our admission decision.

**INCOME**

*Please list your current sources and amounts of income. If you receive any amounts jointly with others, list the names of such joint recipients.*

No.	Description	Annual Amount	Source (Payor Name or Company)	Recipient (Self; or Names of Joint Owners)
1.	Social Security			
2.	Pensions			
3.				
4.	Other Retirement			
5.				
6.	IRA Distributions			
7.				
8.	Interest			
9.				
10.				
11.	Dividends			
12.				
13.				
14.	Annuity Payments			
15.				
16.				
17.	Real Estate Income			
18.				
19.				
20.	Alimony/Maintenance			
21.	Other Income			
22.				
23.				
24.				
25.	<b>TOTAL</b>			

ASSETS

Please list all your assets, including the value/amount and a description. If any assets are jointly owned or owed with others, please list the names of the joint owners below.

No.	Assets	Description/Account Number	Joint (x)	Amount \$
1.	Cash on Hand			
2.	Checking Accounts			
3.				
4.	Savings Accounts			
5.				
6.	Certificates of Deposit			
7.				
8.	Real Estate Owned			
9.				
10.	Marketable Securities			
11.				
12.				
13.	Non-Marketable Securities			
14.				
15.	IRA, 401K, Other Retirement			
16.				
17.				
18.	Life Insurance (Cash Value)			
19.				
20.				
21.	Business Interest			
22.				
23.	Other Assets			
24.				
25.				
26.	<b>TOTAL</b>			

JOINT ACCOUNTS (x) ABOVE (ASSETS)

Line No.	Name	Line No.	Name

LIABILITIES

Please list all your liabilities, including the value/amount and a description. If any assets are jointly owned or owed with others, please list the names of the joint owners below.

No.	Liabilities	Description/Account Number	Joint (x)	Amount \$
1.	Real Estate Mortgages			
2.				
3.	Secured Bank Notes			
4.				
5.	Unsecured Bank Notes			
6.				
7.	Secured Note, Others			
8.				
9.	Unsecured Note, Others			
10.				
11.	Life Insurance Policy Loans			
12.				
13.	Accounts/Bills Due			
14.				
15.				
16.				
17.				
18.				
19.				
20.	Unpaid Income Tax			
21.				
22.	Unpaid Real Estate Tax			
23.				
24.	Other Unpaid Tax/Interest			
25.				
26.	<b>TOTAL</b>			

JOINT ACCOUNTS (x) ABOVE (LIABILITIES)

Line No.	Name	Line No.	Name

CONTINGENT LIABILITIES

1.	Do you have any contingent liabilities? If Yes, describe:	\$
2.	As endorser, co-,maker or guarantor	\$
3.	Signatory on lease or contracts	\$
4.	Legal claims	\$
5.	Other special debt	\$
6.	Amount of contested tax liens	\$

Are all bad and doubtful assets excluded from this statement? ( ) Yes ( ) No

If no, explain

\_\_\_\_\_

Are you a defendant in any suits or legal actions? ( ) Yes ( ) No

If yes, describe type of action and court

\_\_\_\_\_

I, the undersigned prospective resident, certify to Our Lady of Angels Retirement Home that all pages of this admission application have been carefully read and understood.

All information, including my financial disclosure, is true, accurate and complete.

\_\_\_\_\_

Prospective Resident

\_\_\_\_\_

Date

\_\_\_\_\_

Or, Power of Attorney

\_\_\_\_\_

Date

***Please enclose copies of previous two years tax returns.***

*I make this application for residency at Our Lady of Angels Retirement Home, a not-for-profit organization, of my own free will and accord. I declare the answers to the foresaid questions to be true, full and complete.*

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature for Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Relationship to Applicant