



Apostolic Christian Home of Eureka

Loving Care In the Spirit of Christ
610 W Cruger; PO Box 128 Eureka, IL 61530 309.467.2311

Health Center
Apartments
Condominiums
Duplexes

Personal Information		Contact Information	
Name(s)		Healthcare POA Name	
Address		Address	
City, State, ZIP		City, State, ZIP	
Home Phone		Home Phone	E-Mail
Cell Phone		Cell Phone	Work Phone
Date(s) of Birth	Sex M F	Financial POA Name	
Social Security Number(s)		Address	
Medicare Number(s)		City, State, ZIP	
Marital Status:		Home Phone	E-Mail
Physician	Physician Address	Cell Phone	Work Phone
Diagnosis		Other Contact Name	
Religious Affiliation		Address	
Church Address		City, State, ZIP	
Church Phone Number		Phone	E-Mail
Income		Assets	
Applicant Soc. Sec. Income	Spouse Social Sec. Income	Do you own your primary residence? Its Value:	
Applicant Pension	Spouse Pension	In whose name is your primary residence?	
Applicant Interest/Dividends	Spouse Interest/Dividends	Spouse:	Applicant:
Applicant Rental Income	Spouse Rental Income	Other Real Estate Owned:	
Applicant Other Income	Spouse Other Income	Checking/Cash:	
Applicant Total Income	Spouse Total Income	Savings/CDs:	
Medicare Prescription Drug Plan Company & Policy #		Stocks/Bonds:	
Medicare Replacement Plan & Policy # (If Applicable)		Total Assets:	
Medicare Supplement Plan Name & Policy # (If Applicable)		Outstanding Loans/Debts:	
Long-Term Care Insurance Company and Policy # (If Applicable)		All statements made on this application are true. All assets and income listed are available to be used for the care of applicant in the event that long-term care is needed.	
Name of legally responsible party		Date	

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Additional Applicant Information

Applicant's Birthplace		Applicant's Spouse	Wedding Date
Applicant's Mother's Full Maiden Name		Spouse's career	Spouse's primary employer
Applicant's Father's Name		Is spouse still living? Yes No	If not, when did spouse pass away?
Was Applicant in the Military? If so, which branch? Yes No		Applicant's Children (Include deceased)	
Was Applicant's spouse in the Military? If so, which branch? Yes No			
Applicant's career	Applicant's primary employer		
Dentist	Dentist's Address/Phone		
Ophthalmologist	Ophthalmologist's Address/Phone		
Is Applicant a US Citizen? Yes No	Applicant's primary language		
How much school has applicant completed?			
Preferred Hospital	Prepaid Funeral?		
Funeral Home	Funeral Home Address/Phone		
		Applicant's Siblings (Include deceased)	
How many times has applicant fallen in last six months?			
		Has applicant ever committed a felony? Yes No	

Customary Routine please check all that apply

Stays up late at night (e.g. after 9 pm)	In bedclothes most of the day
Naps regularly during day (at least one hour)	Wakens to toilet all or most nights
Goes out at least once each week	Has irregular bowel movement patterns
Stays busy with hobbies, reading, etc.	Showers for bathing
Spends most of time alone or watching TV	Prefers PM bathing or showering
Moves independently indoors (with appliances if used)	Daily contact with friends or relatives
Uses tobacco products daily	Usually attends church
Has distinct food preferences	Finds strength in faith
Eats between meals most days	Daily animal companion/presence
Uses alcohol at least weekly	Involved in group activities

Other Information that we should know about this applicant: