

# *Apostolic Christian Home of Eureka*

610 W. CRUGER AVE. – P.O. BOX 128 – EUREKA, ILLINOIS 61530-0128 – PHONE (309) 467-2311

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**PRE-ADMISSION APPLICATION  
for  
INDEPENDENT LIVING UNITS  
APOSTOLIC CHRISTIAN HOME OF EUREKA**

Please indicate the type unit/units you wish to apply for:

Apartment \_\_\_\_\_  
Duplex \_\_\_\_\_  
Condo \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Street  
City State Zip

**Name of spouse, if living** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_ **Medicare #** \_\_\_\_\_  
Yourself \_\_\_\_\_ Yourself \_\_\_\_\_ Yourself \_\_\_\_\_  
Spouse \_\_\_\_\_ Spouse \_\_\_\_\_ Spouse \_\_\_\_\_

**Notify in case of emergency: Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Street City State

**Closest relative or guardian: Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Street City State

**Other close relatives:**

<b>Name</b>	<b>Address</b>	<b>Telephone</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

over---

**Church affiliation** \_\_\_\_\_

**Physician** \_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

Telephone #

\_\_\_\_\_

Date

\_\_\_\_\_

Signature