



APOSTOLIC CHRISTIAN
SKYLINES

7023 NE Skyline Drive • Peoria IL 61614 • 309-691-8091 • Fax: 309-683-2505

Family Name _____ First Name _____ Middle Name _____ Telephone No. _____

Address _____ City _____ State _____ Zipcode _____

Age _____ Birthdate(Mo/Day/Yr) _____ Birthplace _____ Sex _____ Civil Status (M/S/W/D/Sep) _____

Previous Occupation _____ Medicare No. _____ Social Security No. _____

Name of Husband/Wife _____ Address _____ City/State _____

Contact Persons	Relationship	Address	Telephone
1.			
2.			
3.			

Do you have Advance Directive signed? No
 Yes if yes..... Power of Attorney Health Care
 Living Will

Church Affiliation _____ Name of Pastor _____ Address/Telephone No. _____

Hospital Preference _____ Insurance other than Medicare _____

Circle the Type of Accommodations desired:
 Nursing (Zion) Alzheimer/Dementia Unit (Salem) Sheltered Care (Canaan) Apartment Duplex

Personal Physician _____ Address _____

Estimated timeline in which you wish to enter Skylines: _____

Reason for applying for admission to Skylines: _____

Current Medical Problems: _____

Signature _____ Date _____

FINANCIAL STATEMENT

ALL DOLLAR VALUES SHALL BE AS OF THE DATE OF SIGNATURE BELOW

1) My income is:
\$ _____ per month from Social Security
\$ _____ per month from Pension Plan (which company) _____
\$ _____ per month from annuities
\$ _____ per _____ from _____

2) I own, or have interest in the following Real Estate:

Location	Dollar Value

3) My Savings and Checking Account(s):

Bank	Balance

4) I own the following stocks:

Company	Approximate Value

5) I own the following bonds:

Company	Interest Rate	Maturity	Market Value

6) I own the following Annuities:

Company	Payment \$

7) I carry Life Insurance as follows:

Company	Face Value	Premiums

8) I carry Hospital and Health Insurance as follows:

Company	Premiums	Dates Payable	Benefits

9) I carry Long Term Care Insurance as follows:

Company	Premiums	Daily Benefits	Length of Coverage

10) I own the following additional assets:

11) During the past five years, I have disposed of the assets listed below: (if none, state "none")

Cash \$ _____	To Whom? _____
Stocks & Bonds \$ _____	To Whom? _____
Real Estate _____	To Whom? _____
Insurance _____	To Whom? _____
Other _____	To Whom? _____

12) I have the following liabilities or debts: (if none, state "none")

APPLICANT'S STATEMENT:
 According to my best knowledge, the foregoing information is complete, accurate and true and **THESE ASSETS ARE AVAILABLE AND WOULD BE USED FOR MY CARE AT THE APOSTOLIC CHRISTIAN SKYLINES (ACS)**. I certify that answers given herein are true and complete to the best of my knowledge. I authorize verification of all statements contained in this application for admission as may be necessary in arriving at an admission decision, including, but not limited to, medical records from hospitals and other facilities and financial records. Additionally, I will cooperate in the preparation, filing, signing and processing of necessary applications, reports, or documents for any private or governmental financial assistance program. The ACS may release medical/billing information for purposes of claiming insurance benefits. I understand that this application is not intended to be a contract for care.

I also agree that should I require services not available in my living setting at ACS, then ACS is authorized to initiate my immediate transfer to an appropriate care setting.

NOTE: This application can be processed only when fully completed.

 (Signature of Applicant or Representative (indicate relationship))

 (Date)