



APOSTOLIC CHRISTIAN SKYLINES

7023 NE Skyline Drive • Peoria IL 61614 • 309-683-2500 • Fax: 309-683-2505

Family Name First Name Middle Name Telephone No.

Address City State Zipcode

Age Birthdate(Mo/Day/Yr) Birthplace Sex M F 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

Indicate the type of accommodations desired:

Nursing Center

Memory Care

Assisted Living

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: _____

To send the completed application to Apostolic Christian Skylines:

1. Save it on your computer and email the file to admissions@acskylines.org, OR
2. Print and mail it to the address above, with "Attention: Admissions."