Fee/Waiver Received	
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Good Samaritan Home of Quincy

2130 Harrison Street • Quincy, Illinois 62301

APPLICATION FOR ADMISSION

	SOCIAL SECURITY NUMBER	·	CA	SE NO.
LAST NAME ONLY	MEDICARE NUMBER	DA	TE OF AI	PPLICATION
□ Shelter Care	□ Cottage	1.	<u></u>	
□ Nursing Care	□ Alzheimer's/De			
Name	FIRST		-	IIDDLE
Address	CITY			
County lelephon	e(h)(w)		(C)	
Date of Birth	Place of Birth			
Sex □ M □ F Race (opt.)	Name of Spouse			
Former Occupation (self)	Former Occupatio	n (spouse)		
Religion	Church			
Military Service □ No □ Yes	US Citizen □ Yes	s □ No		
Father's Name	DATES Mother's Maiden Name			
Marital Status: □ Never Married	□ Married □ Widowed □ Separa	ted □ Div	orced/	
Date of Marriage				
Names of Children:				
NAME	ADDRESS	OCCUPATIO	N AGE	TELEPHONE
_				
-				
			- 1	

Contact(s) o	ther than chi	ldren:	ADI	DRESS	TELEPHONE	
					_	
I am physica	ally able to ca	re for my	self			
Prima	ary Care Phys	sician				
Dent	ist					
Foot	Doctor					
Еуе [Doctor					
Psych	hiatrist					
Phari	macy					
			NAME	ADDRE		
	h Care f Attorney					
Power of	ncial Attorney					
Respons	ible Party					
Interest: □ Shelter Care □ Nursing Care			 □ Cottage □ Alzheimer's/Dementia Care □ At once. □ Within years. □ For future need 			
I am seeking	g admission b	ecause: 				

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		NAME	YEARS		
Grade School					
High School					
College					
Other Training					
Work Experience WHERE EMPLOY	ED	KIND OF WORK	YEARS		
Hobbies					
Interests					
I certify that the informa	ition called for	herin is complete, honest and acc t all times of any change of addre	curate. I will agree to keep		
Signature of Applicant			Date		