



APPLICATION FOR ADMISSION TO DUPAGE CARE CENTER
400 N. County Farm Road, Wheaton, IL 60187
Admissions Phone: (630) 784-4315 Fax: (630) 784-4319



Personal and Demographic Information

Name:		Preferred Name:		Sex:		
Primary Phone:		Secondary Phone:		e-mail:		
Street Address		Apt.#	City		State	Zip
How long at this address?			If less than 1yr., previous address:			
Birthdate:		Birthplace, include city & state:				
Race:	Marital Status:		Level of Education:			
Religion:		Place of Worship:				
Maiden Name:			Father's Name:			
Mother's Maiden Name:			Spouse's Name:			
Occupation/Employer (prior to retirement):						
Language:		Interpreter?		Are you or your spouse a Veteran?		
Have you been admitted to a Nursing Facility in the last 30 to 90 Days?				Dates:		

Insurance Information (Provide copies of all cards)

Medicare Number:		Part A Date:		Part B Date:	
SSN:	Medicaid Info.: Has Medicaid been applied for?			Date:	
Recipient Number:			Case or Pending Case Number:		
Primary Insurance Name:				Policy No.	
Secondary Insurance Name:				Policy No.	
Prescription Drug Card:				Policy No.	
Name & Phone of current Pharmacy:					
Residents may continue to see an outside physician at their own expense for transportation; they will be assigned a Center physician for routine physical and emergency needs.					
Primary Care Physician Name & Phone:					
Dentist Name & Phone:					
A <u>Funeral Home must be listed</u> for each resident in order to comply with state regulations. Please list below:					
In accordance with Illinois State Law, the DuPage Care Center will be running a criminal background check on all persons admitted to this facility. By completion and submission of this application, you are giving consent for a criminal background check to be conducted electronically.				Has the applicant ever been convicted of a Felony?	

Advance Directives (Provide copies of all documentation)

Living Will:	<input type="checkbox"/>	Power of Attorney Health Care:	<input type="checkbox"/>	Power of Attorney Property:	<input type="checkbox"/>
POLST:	<input type="checkbox"/>	Court Appointed Guardian:	<input type="checkbox"/>	Surrogate Decision Maker:	<input type="checkbox"/>

Contact Information

1.) Name:		Relationship:		POA?
Address		City		State Zip
Primary Phone:		Secondary Phone:		e-mail:
2.) Name:		Relationship:		POA?
Address		City		State Zip
Primary Phone:		Secondary Phone:		e-mail:
3.) Name:		Relationship:		POA?
Address		City		State Zip
Primary Phone:		Secondary Phone:		e-mail:

For Office Use Only

Admit Date & Time:

From:

MR:

Unit:

Room No:

Pay Source:

Requirements

The primary requirement for admission to the DuPage Care Center is a need for skilled nursing care.

Effective November 26, 2013 admittance to Rehabilitation at DuPage and custodial long term care requires at least one (1) year residency within DuPage County prior to admit. If the applicant does not meet the residency requirement a waiver may be requested. For questions regarding residency waivers, please contact the admissions office at (630) 784-4315. The applicant **MEETS** **DOES NOT MEET** the residency requirement, waiver attached if needed.

For those applying for Standard Custodial Care:

Admission to a Skilled Nursing Facility is a significant change to the individual entering the facility and also for their family. It is generally a more positive experience when the applicant is involved in making the choice. We therefore request that the applicant be informed of plans for admission to DPCC as soon as possible.

You have the right to ask if any resident of the facility is an Identified Offender.

In accordance with Illinois State law, the DuPage Care Center will be running a criminal background check on all persons admitted to this facility. By completion and submission of this application, you are giving consent for a criminal background check to be conducted electronically.

DPCC IS A SMOKE-FREE FACILITY AS WELL AS THE ENTIRE DPC CAMPUS

NEW RESIDENTS MAY NOT SMOKE INSIDE OR OUTSIDE OF THE FACILITY.