



DuPage Care Center
400 N. County Farm Road
Wheaton, IL 60187
Main Number: (630) 665-6400
Admitting Department: (630) 784-4315
Admitting Fax Number: (630) 784-4319

REQUEST FOR WAIVER OF RESIDENCY REQUIREMENT
Please complete this form to the best of your ability

Name: _____ Date: _____

Current Address: _____

Did the applicant ever live in DuPage County? _____

If yes, when and what town(s) did the applicant live?

Please list family members, who live in DuPage, include the town in which they live and number of years:

Please state any other affiliations with DuPage County that you would like taken into consideration with this request: _____

Please explain why the applicant wishes to be admitted to DPCC: _____

For Long Term Care Applicants: Please attach a detailed, TYPED, letter of appeal addressed to:
Health and Human Services Committee – DuPage County Board

A complete Application for Admission MUST accompany this request. Thank you.

For Office Use Only	Bed Availability	LTC:	M/	F/	1E:	M/	F/
Date of Meeting or Review:		Reviewed by:					
Final Disposition:							