



Resident Application Packet

Dear Applicant,

Thank you for your interest in Apostolic Christian Highland Oaks. We ask that you please complete this application packet as the first step to our admission process. The remaining steps include an interview with the prospective resident and/or family representative, assessment of the prospective resident by Highland Oaks staff, and completion of the formal admission packet. During this admission process it will be determined if the best interest of the resident and Highland Oaks would be served by admitting the prospective resident to our facility.

Please return the completed application packet to Highland Oaks. You can bring the packet in to the office, fax it to (847) 760-6224 or email it to me at akotschi@highlandoakselgin.org. If you have any questions or additional comments, please do not hesitate to contact me.

Sincerely,

Angela Kotschi
Social Services & Admission Coordinator



Demographic Information

Date _____

Applicant Name _____

Current Address _____

Current Phone _____ Social Security # _____ Gender _____

Date of Birth _____ Place of Birth _____ Age _____

Marital Status _____ Height _____ Weight _____

Primary Diagnosis _____

Secondary Diagnosis _____

Previous Occupation _____

Doctor's Name _____ Doctor's Phone _____

Family Contact Information

First Contact Name _____ Relation _____

Address _____

Phone Number(s) _____ E-mail _____

Second Contact Name _____ Relation _____

Address _____

Phone Number(s) _____ E-mail _____



Admission Information

Current Living Arrangements

- Home alone (or with spouse)
- Home with a caregiver
- Living with a friend
- In a nursing home
- In a retirement/assisted living facility
- Other _____

Desired Room Type

- Companion
- Private

Time of Placement

- Ready for placement at Highland Oaks.
- Family will call Highland Oaks when closer to needing placement.
- Desired admission date: _____
- Other _____



Financial Information

Please fill out the following financial information. While this information will not solely determine acceptance into Highland Oaks, it will be helpful in determining the ability of the resident for paying the cost of care as well as assist our facility in annual budget computations.

Is resident handling all financial and personal matters? Yes No

Is party authorized to handle all financial & personal matters? Yes No

If so, attach a copy of basis for authorization (e.g. power of attorney, trust agreement).

Financial Accounts	Amount	Monthly Income	Amount
Checking Accounts	\$ _____	Social Security	\$ _____
Savings Accounts	\$ _____	Pensions	\$ _____
Certificates of Deposit	\$ _____	Annuities	\$ _____
Stocks & Bonds	\$ _____	Other _____	\$ _____
Other _____	\$ _____	Total Monthly Income	\$ _____
Total of Accounts	\$ _____		

Real Estate

Net Worth (Value of Home less Amount Owed) \$ _____

Names on Title _____

Long Term Care Insurance

Do you have Long Term Care Insurance? Yes No

If so, how much does it pay per day? _____

I authorize Highland Oaks personnel to verify the information contained herein.

Signature _____ Date _____



Authorization Allowing Highland Oaks to Review Medical Records

To: _____

I, _____, hereby authorize your facility/office to allow a Highland Oaks representative(s) to review all medical records of _____, a resident/patient of your facility/office. I am the resident/resident representative/guardian whose name appears below.

Resident Signature

Resident Name (print)

Representative or Guardian Signature

Representative or Guardian Name (print)

Facility Representative Signature