

Country View Apartment Inquiry Information

*Country View Apartments
1107 W. Davison St.
Roanoke IL, 61561*

Included in Monthly Rent:

Utilities & Services (heat, electric, air conditioning, water & sewer, garbage collection, pest control, housekeeping in common areas, and building maintenance.)

Three meals per day served in the dining room.

Once a week unit housekeeping.

Weekly laundry service.

Weekly linen service.

Emergency response.

Access to the activity and social programs of the Apostolic Christian Home of Roanoke.

The Tenant will be responsible for all costs associated with telephone service and cable T.V.

The Apostolic Christian Home of Roanoke Country View Apartments agrees to:

Maintain the common areas and facilities in safe condition

Maintain all equipment and appliances in safe working order

Make necessary repairs with reasonable promptness

Maintain exterior lighting in good working order

Maintain grounds and shrubs

Restriction on Alterations

We ask that our tenants obtain our written permission before starting on any of the following:

Change or remove any part of the appliances, fixtures, or equipment in the unit

Paint or install wallpaper or contact paper in the unit

Attach or place any fixtures on the building(s) common areas or the grounds

Attach any shelves or other permanent improvements in the units

Install heaters in the unit including space heaters

Tenants are responsible for keeping their apartment in a clean and sanitary condition. Also, Tenants should give us prompt notice of any defects in the plumbing, fixtures, appliances, heating and cooling equipment, or any other part of the unit or related facilities.

The use of tobacco in any form by Tenants or visitors is prohibited within the residential living unit or on its' grounds.

We ask our Tenants to please be considerate of other Tenants by keeping the volume of any radio, phonograph, television, or musical instrument at a level which will not disturb others.

If, in the opinion of the owner and the Tenant's physician, the tenant is no longer a fit candidate for Country View Apartments because of physical or mental regression, the tenant will be transferred to the Apostolic Christian Home of Roanoke if a bed is available or transferred to another facility as soon as practicable.

Apostolic Christian Home of Roanoke

FOR OFFICE USE ONLY: RES. # _____ ADM. DATE _____
UNIT/ROOM/BED _____
PAYER SOURCE: MEDICARE _____ PRIVATE PAY _____
MEDICAID _____
ADMITTED FROM: HOME _____ HOSP/SNF: _____
OTHER: _____

=====

Application for Admission to: Skilled Nursing Home _____ Country View
Apartments: _____

=====

Please complete all sections to be considered for admission. Do not leave any
spaces blank.

Last name First name M. Initial

Current Street Address, City, State, & Zip Area Code & Phone
Soc.Sec.#: _____ - _____ - _____ Sex: Male _____ Female _____

Birth date: _____
Race: Caucasian: _____ African/American: _____ Other: _____

Marital Status: S__ M__ W__ D__
Do you have a Power of Attorney for Healthcare?
NO _____ YES _____ Name: _____

Do you have a Power of Attorney for Property/ Finance?
NO _____ YES _____ Name: _____

INSURANCE INFORMATION:

Medicare Part A

Medicare #: _____ - _____ - _____

Name of Medicare Supplement Insurance Co.:

Policy #: _____

OR

Medicare Part C

Replacement Insurance for Medicare (HMO/PPO)

OSF Care Advantage/Preferred: _____

Blue Cross/Blue Shield: _____

Secure Horizons: _____

Other: _____

Policy #: _____

EMERGENCY CONTACT INFORMATION:

Note: First contact must be Healthcare POA

1.) Name: _____

Address: _____

City: _____

State and Zip: _____, _____

Home phone: (_____) _____

Work or Cell: (_____) _____

Relationship: _____

2.) Name: _____

Address: _____

City: _____

State and Zip: _____, _____

Home phone: (_____) _____

Work or Cell: (_____) _____

Relationship: _____

BILLING:

Who would you like the bill sent to?: _____

Relationship: _____

Address: _____

Phone: (_____) _____

Are you approved for Medicaid (Public Aid) Assistance: NO ____ YES ____

If so, please provide a copy, (both sides), of your Medicaid card with your application.

In the past, have you ever assigned your Medicare benefits to Medicare Part C, an HMO, PPO or to a Private Managed Care Ins. Company? NO ____ YES ____

Name of Group: _____

Do you have Medicare D (drug) coverage? NO ____ YES ____

Do you have any Long Term Care Insurance? NO ____ YES ____

Name of Company: _____ Policy #: _____

HISTORY:

List all hospitalizations in the last 60 days:

Have you been in a nursing home in the past 60 days?: NO ____ YES ____

If so, where?: _____

Have you received Home Health services in the last year?: NO ____ YES ____

If so, through what company?: _____

Have you previously been a resident of this facility? NO ____ YES ____

Have you ever been convicted of a felony? NO ____ YES ____

Who is your primary family physician?: _____

Dentist: _____

Funeral Home preference: _____

City & State _____

Hospital preference: _____

City & State _____

Name of Church : _____

Clergy: _____

Person completing form: _____

Date: _____

Phone number: _____ Relationship: _____

PLEASE SEND IN OR BRING WITH YOU:

1.) A LEGIBLE COPY OR ORIGINAL MEDICARE OR MEDICARE REPLACEMENT INSURANCE CARD

2.) A LEGIBLE COPY OR ORIGINAL SOCIAL SECURITY CARD

3.) A LEGIBLE COPY OR ORIGINAL OF THE SUPPLEMENTAL INSURANCE CARD (FRONT & BACK, IF MAKING A PHOTO COPY)

4.) A LEGIBLE COPY OR ORIGINAL MEDICARE D (RX) INSURANCE CARD (FRONT & BACK IF MAKING A PHOTO COPY)

5.) ANY COPIES OF HEALTH CARE & PROPERTY POWER OF ATTORNEY PAPERS, GUARDIANSHIP PAPERS, OR LIVING WILL PAPERS IF APPLICABLE.

Apostolic Christian Home of Roanoke
Country View Apartments
Roanoke, Illinois

Thank you for your interest in Country View Apartments! We hope you choose to make your home with us. Our goal is to serve you. We will do all we can to make you feel comfortable and satisfied. Country View Apartments consist of fourteen one-bedroom units. Each unit has a kitchenette with microwave, refrigerator, and sink. Our bathrooms are handicapped accessible, including a handicapped accessible shower. The building is two stories and equipped with an elevator. Available for use on the lower level of the building are a beautiful library, family room, and activity room. The monthly rental fee is \$1,650.00 per person and \$2,120.00 for a couple, which begins the first of the month following your agreement to rent. A one-time \$500 per person campus fee is required when the contract is signed. Enclosed with this letter is a Country View Apartment Inquiry Information sheet to help answer any questions you may have.

We look forward to serving you soon!!

Sincerely,

Emily Osterloo

Emily Osterloo
Care Coordinator
(309) 923-2071 ext. 185