

Waiting List Application

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Please complete this form and return it with a \$50 waiting list deposit to St. Joseph's Home Admissions Coordinator, 3306 S. Sixth St. Rd., Springfield, IL 62703.

Date _____

Accommodation and level of care needed

- Sheltered Care
- Intermediate Nursing Care
- Holy Family Center
- Not sure

Prospective resident information

Name: _____ Birthdate: _____

Address: _____ Phone: _____

Diagnosis: _____ Confusion: Yes Slight No

Other pertinent information: _____

Primary contact person

Name: _____ Relationship to applicant: _____

Address: _____ Phone: _____

(home/work/cell)

_____ Alt. phone _____

(home/work/cell)

Email address: _____

How did you hear about St. Joseph's Home?

