

Sycamore Township  
545 Brickville Road  
Sycamore, Illinois 60178  
815-895-3766 Phone  
815-899-7088 Fax

**Application for DeKalb County Nursing Home Waiting List**

*Please complete and return to Amy Mathey, Supervisor at the above address or fax number.*

Name of Applicant: \_\_\_\_\_ Sex Female ( ) Male ( )

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you a Permanent Resident of Sycamore Township? Yes ( ) No ( )

Where have you been living during the last five (5) years?

\_\_\_\_\_

From (date)	To (date)	Street Address	City and State
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What is your marital status? \_\_\_\_\_ Name of Spouse \_\_\_\_\_

List names, addresses and phone numbers of all living children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***If the above information was given by someone other than the applicant, the individual filling out this application must sign.***

Contact person for this applicant: \_\_\_\_\_ Phone number: \_\_\_\_\_

Contact person's address: \_\_\_\_\_

***I wish to be called each time there is an opening... Yes ( ) No ( )***

***I will tell the township when I wish to be called... Yes ( ) (you will still be on the waiting list but will only be called after you let us know you are ready)***

