

# Admission – Swann Special Care Center

## Financial Information

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Name of Individual: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please provide copy of birth certificate\**

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Illinois Public Aid #: \_\_\_\_\_ Recipient #: \_\_\_\_\_  
*Please provide copy of current card\**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Please provide copy card\**

Social Security Supplemental Income (SSI): Yes \_\_\_ No \_\_\_

Medicare: Yes \_\_\_ No \_\_\_ Medicare Number: \_\_\_\_\_

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## Insurance - if applicable

Name of Provider: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

*Please provide copy of insurance card\**

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## Parents

Mother's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Father's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Marital Status: \_\_\_ married \_\_\_ widowed/widower  
\_\_\_ single (never married) \_\_\_ separated / living apart  
\_\_\_ legally separated \_\_\_ divorced

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## Financial Support

Child support: \_\_\_ No \_\_\_ Yes Paid by: \_\_\_\_\_  
*Copy of court ordered child support papers required \**

Social Security \_\_\_ No \_\_\_ Yes Who receives SS Payment: \_\_\_\_\_

Social Security Supplemental Income (SSI): \_\_\_ No \_\_\_ Yes

Trust Fund \_\_\_ No \_\_\_ Yes

Special Needs Trust \_\_\_ No \_\_\_ Yes

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Please call our Business Manager, Debbie Meek, at (217) 356-5164 between the hours of 8Am and 5Pm, Monday through Friday.

\* Required prior to admission. Paperwork can be faxed to (217) 356-7873, Attn: Debbie Meek  
mailed to 109 Kenwood Road, Champaign, IL 61821  
or, e-mailed to [debbie@swanncare.com](mailto:debbie@swanncare.com)