



**WESTERN CATHOLIC UNION**

A FRATERNAL BENEFIT SOCIETY  
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(800) 223-4928 – (217) 223-9721  
Fax (217) 223-9726  
[www.wculife.org](http://www.wculife.org)



**AUTHORIZATION FOR RELEASE OF NURSING HOME INFORMATION**  
**(To be completed by Nursing Home Resident)**

I, \_\_\_\_\_, authorize **Western Catholic Union** to obtain  
(Name of Resident - **Printed**)

information from \_\_\_\_\_  
(Name of Nursing Home, Street Address, City, State, and Zip + 4 Code - **Printed**)

regarding my health care/health care provider.

\_\_\_\_\_  
Resident - **Signature**

\_\_\_\_\_  
Date

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**NURSING HOME INFORMATION**  
**(To be completed by Nursing Home Staff)**

Name of Resident: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Current Resident: \_\_\_ Yes \_\_\_ No

Please indicate which option applies regarding the health care provider.

\_\_\_ It is Medicare approved as a provider of skilled nursing care services; **or**

\_\_\_ It meets all of the requirements (a through f) below:

- (a) it is licensed as a nursing home by the state in which it is located;
- (b) its main function is to provide skilled, intermediate or custodial nursing care;
- (c) it is engaged in providing continuous room and board accommodations to three or more persons;
- (d) it is under the supervision of a registered nurse (RN) or licensed practical nurse (LPN);
- (e) it maintains a daily medical record of each patient;
- (f) it maintains control and records for all medications dispensed.

\_\_\_\_\_  
Nursing Home Representative - **Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Nursing Home Representative - **Printed**

\_\_\_\_\_  
Phone Number with Area Code