



WESTERN CATHOLIC UNION

A Fraternal Benefit Society Since 1877
510 Maine Street, Quincy, Illinois 62301
(800) 223-4928 – (217) 223-9721 – Fax (217) 223-9726
www.wculife.org



AUTHORIZATION FOR RELEASE OF NURSING HOME INFORMATION

TO BE COMPLETED BY NURSING HOME REPRESENTATIVE

Name of Nursing Home: _____

Address of Nursing Home: _____

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 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.

Signature: _____

Date: _____

Printed Name: _____

Phone #: _____

Title: _____

TO BE COMPLETED BY NURSING HOME RESIDENT

I, as Resident, authorize **Western Catholic Union** to obtain information from the Nursing Home listed above regarding my health care/health care provider.

Signature: _____

Date: _____