



Preliminary Application for Admission

Please complete the following items as fully as possible and return this form to:

Director of Admissions
 Winning Wheels, Inc.
 701 East Third Street
 Prophetstown, IL 61277

Date				
Name		Date of Birth	Social Security Number	
Street / PO Box		City	State	Zip Code
Phone Number	Marital Status	Sex		
Diagnosis / Disability				
Name of Contact		Relationship	Phone Number (home)	Phone Number (work)
Street / PO Box		City	State	Zip Code
Name of Referral Source	Phone Number	Street	City/State/Zip	
Name of Physician	Phone Number	Street	City/State/Zip	

Financial Information

Private Pay	Name of Insurance Company	Street	City/State/Zip	
Name of Policy Holder		SS# of Holder	Date of Birth	
Street / PO Box		City	State	Zip Code
Policy Number	Group Number	Case Manager	Phone Number	
Self/Family Pay	Name of Responsible Party		Phone Number	
Street / PO Box		City	State	Zip Code
Medicare	Medicare # / PART	Date Will be Medicare Eligible	SSI / SSDI	
Public Aid	Medicaid #	County Claim Office	Name of Case Manager	Phone Number
Street / PO Box		City	State	Zip Code