



DuPage Care Center  
400 N. County Farm Road  
Wheaton, IL 60187  
Main Number: (630) 665-6400  
Admitting Department: (630) 784-4315  
Admitting Fax Number: (630) 784-4319

REQUEST FOR WAIVER OF RESIDENCY REQUIREMENT  
Please complete this form to the best of your ability

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Did the applicant ever live in DuPage County? \_\_\_\_\_

If yes, when and what town(s) did the applicant live?

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

Please list family members, who live in DuPage, include the town in which they live and number of years:

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

Please state any other affiliations with DuPage County that you would like taken into consideration with this request: \_

\_\_\_\_\_

Please explain why the applicant wishes to be admitted to DPCC: \_\_\_\_\_

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

\_\_\_\_\_

For Long Term Care Applicants: Please attach a detailed, TYPED, letter of appeal addressed to:  
Health and Human Services Committee – DuPage County Board

A complete Application for Admission MUST accompany this request. Thank you.

<b>For Office Use Only</b> Bed Availability LTC: M/ F/ 1E: M/ F/
Date of Meeting or Review: Reviewed by:
Final Disposition: