

BISHOP NOA HOME FOR SENIOR CITIZENS

2900 Third Avenue South
Escanaba, Michigan 49829
Phone: (906) 786-5810 Fax: (906) 789-5471

Level of Care: Please check one

- Apartment
- Assisted Living
- Rehab Stay
- Nursing Home

APPLICATION FOR ADMISSION

All questions should be answered as completely as possible. We hold this information in strict confidence.

Name _____ Date _____

Address _____
Street City State Zip Code

Phone No. _____ Social Security No. _____

Marital Status: Single Married Divorced Widowed Spouse _____

Date of Birth _____ Age _____ Place of Birth _____ No. Children _____

Medicaid No. _____ Medicare No. _____

Supplemental Insurance: _____ Policy No. _____

Address _____

Prescription Insurance: _____ Policy No. _____

Address _____

Primary Physician's Name _____ Phone No. _____

Address _____
Street City State Zip Code

Dentist's Name _____ Phone No. _____

Church Affiliation and Pastor _____

General Interests _____

Former Occupation _____ Veteran Status _____ Veteran No. _____

In Case of Emergency Notify:

Name:	Relationship:	Phone:
Address:		

Select All That Apply: DPOA Healthcare DPOA Financial Primary Contact Healthcare Contact Financial Contact

Name:	Relationship:	Phone:
Address:		

Select All That Apply: DPOA Healthcare DPOA Financial Primary Contact Healthcare Contact Financial Contact

Name:	Relationship:	Phone:
Address:		

Select All That Apply: DPOA Healthcare DPOA Financial Primary Contact Healthcare Contact Financial Contact

Name _____ Date _____

FINANCES

Old Age Pension \$ _____

Pensions \$ _____

Railroad Retirement \$ _____

Annuities \$ _____

Social Security \$ _____

Dividends \$ _____

Blind Assistance \$ _____

Savings \$ _____

HEALTH DATA

	Yes	No
Ambulatory w/ no assist		
Walker / Wheel Chair		
Bedridden		
Visually Handicapped		
Impaired Hearing		
Evenly Tempered		
Confused or Disoriented		
Combative		
Elopement or Wanderer		

	Yes	No
Oxygen		
Incontinent Bladder/Bowel		
T.B. / History of T.B.		
Assistance with Dressing		
Assistance with Eating		
Allergies		
Smoker		
Sign Language		
Special Diet		

Primary Language: _____

Recent Weight # _____

Special Needs _____

Diagnosis _____ Medications _____

FUNERAL ARRANGEMENTS

Funeral Home to be notified _____ Phone No. _____

Address _____
Street City State Zip Code

SIGNATURE OF PERSON LEGALLY AND FINANCIALLY RESPONSIBLE FOR THE APPLICANT

Official Signature _____ Printed Name: _____

Address _____
Street City State Zip Code

Home Telephone _____ Business Telephone _____

ADMINISTRATOR'S COMMENTS

Bishop Noa Home for Senior Citizens does not discriminate against any person on the basis of race, color, national origin, disability or age in admission, treatment or participation in its programs, services and activities or in employment. For further information about this policy, contact: Administrator and Section 504 Coordinator. Telephone Number: (906) 786-5810 TTD or TTY State Relay Number: 1-800-432-5413. Rev. 1/19 sc