

BISHOP NOA HOME FOR SENIOR CITIZENS

2900 Third Avenue South

Escanaba, Michigan 49829

Phone: (906) 786-5810 Fax: (906) 786-5372

APPLICATION FOR ADMISSION

Apartments

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

Date _____

Name _____ Phone No. _____

Address _____
Street City State Zip Code

How long have you been a resident at this address? _____

Date of Birth _____ Age _____ Place of Birth _____

Medicare No. _____ Social Security No. _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Spouse _____ No. Children _____

Church Affiliation _____

Name and Address of Pastor _____

Physician's Name _____ Phone No. _____

Address _____
Street City State Zip Code

General Interests _____

Former Occupation _____

In Case of Emergency Notify:

Name _____ Relationship _____ Phone No. _____

Address _____
Street City State Zip Code

Name _____ Relationship _____ Phone No. _____

Address _____
Street City State Zip Code

Name _____ Relationship _____ Phone No. _____

Address _____
Street City State Zip Code

FINANCES

Old Age Pension \$ _____

Blind Assistance \$ _____

Railroad Retirement \$ _____

Pensions \$ _____

Social Security \$ _____

Annuities \$ _____

Dividends \$ _____

Savings \$ _____

Name: _____ Date of Birth: _____

WHY DO YOU WISH TO RESIDE HERE: _____

HEALTH DATA

	YES	NO
Ambulatory	_____	_____
Bedridden	_____	_____
Visually Handicapped	_____	_____
Impaired Hearing	_____	_____
Evenly Tempered	_____	_____
Confused or Disoriented	_____	_____
Heart Trouble	_____	_____
Incontinent	_____	_____
Special Diet	_____	_____

	YES	NO
High Blood Pressure	_____	_____
Epilepsy	_____	_____
Cancer	_____	_____
T.B.	_____	_____
History of T.B.	_____	_____
Help with Eating	_____	_____
Help with Dressing	_____	_____
Allergies	_____	_____
Special Needs	_____	_____

FUNERAL ARRANGEMENTS

Undertaker to be notified _____ Phone No. _____

Address _____
Street City State Zip Code

SIGNATURE OF PERSON

Official Signature _____

Address _____
Street City State Zip Code

Home Telephone _____ Business Telephone _____

ADMINISTRATOR'S COMMENTS