

BISHOP NOA HOME FOR SENIOR CITIZENS

2900 Third Avenue South

Escanaba, Michigan 49829

Phone: (906) 786-5810 Fax: (906) 789-5471

APPLICATION FOR ADMISSION

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 _____

Medicaid No. _____ Medicare No. _____ Social Security No. _____

Supplemental Insurance: Policy No. _____ Policy Name _____

Address _____

Prescription Insurance: Policy No. _____ Policy Name _____

Address _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Spouse _____ No. Children _____

Church Affiliation _____ Veteran Status _____ Veteran No. _____

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: _____

1. Name _____ Relationship _____ Phone No. _____

Address _____
Street City State Zip Code

2. Name _____ Relationship _____ Phone No. _____

Address _____
Street City State Zip Code

3. Name _____ Relationship _____ Phone No. _____

Address _____
Street City State Zip Code

Name: _____ Date of Birth: _____

FINANCES

Old Age Pension	\$ _____	Pensions	\$ _____
Railroad Retirement	\$ _____	Annuities	\$ _____
Social Security	\$ _____	Dividends	\$ _____
Blind Assistance	\$ _____	Savings	\$ _____

HEALTH DATA

	YES	NO		YES	NO
Ambulatory w/ no assist	_____	_____	Oxygen	_____	_____
Walker / Wheel Chair	_____	_____	Incontinent Bladder/Bowel	_____	_____
Bedridden	_____	_____	English / Other Language	_____	_____
Visually Handicapped	_____	_____	Sign Language	_____	_____
Impaired Hearing	_____	_____	T.B. / History of T.B.	_____	_____
Evenly Tempered	_____	_____	Assistance with Dressing	_____	_____
Confused or Disoriented	_____	_____	Assistance with Eating	_____	_____
Combative	_____	_____	Allergies	_____	_____
Elopement or Wanderer	_____	_____	Smoker	_____	_____
Special Diet	_____	_____	Recent Weight # _____	_____	_____

Special Needs _____

Diagnosis _____ Medications _____

FUNERAL ARRANGEMENTS

Undertaker to be notified _____ Phone No. _____

Address _____
Street City State Zip Code

SIGNATURE OF PERSON LEGALLY AND FINANCIALLY RESPONSIBLE FOR THE APPLICANT

Official Signature _____

Address _____
Street City State Zip Code

Home Telephone _____ Business Telephone _____

ADMINISTRATOR'S COMMENTS

further information about this policy, contact: Elsie Stafford, Administrator and Section 504 Coordinator. Telephone Number: (906) 786-5810 TTD or TTY State Relay Number: 1-800-432-5413.