

BISHOP NOA HOME FOR SENIOR CITIZENS

2900 Third Avenue South
Escanaba, Michigan 49829

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

Public

Old Age Pension \$ _____ Pensions \$ _____

Railroad Retirement \$ _____ Annuities \$ _____

Social Security \$ _____ Dividends \$ _____

Blind Assistance \$ _____ Savings \$ _____

WHY DO YOU WISH TO RESIDE HERE: _____

HEALTH DATA

	YES	NO		YES	NO
Ambulatory	___	___	High Blood Pressure	___	___
Bedridden	___	___	Epilepsy	___	___
Visually Handicapped	___	___	Cancer	___	___
Impaired Hearing	___	___	T.B.	___	___
Evenly Tempered	___	___	History of T.B.	___	___
Confused or Disoriented	___	___	Wheel Chair	___	___
Heart Trouble	___	___	Help with Eating	___	___
Incontinent	___	___	Help with Dressing	___	___
Special Diet	___	___	Allergies	___	___
			Special Needs	___	___

FUNERAL ARRANGEMENTS

Undertaker to be notified _____ Phone No. _____

Address _____ Street _____ City _____ State _____ Zip Code _____

SIGNATURE OF PERSON _____

Official Signature _____

Address _____

Home Telephone _____ Business Telephone _____

ADMINISTRATOR'S COMMENTS

