

BISHOP NOA HOME FOR SENIOR CITIZENS

2900 Third Avenue South
Escanaba, Michigan 49829

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. _____
Home Work Cell

Address _____
Street City State Zip Code

2. Name _____ Relationship _____ Phone No. _____
Home Work Cell

Address _____
Street City State Zip Code

3. Name _____ Relationship _____ Phone No. _____
Home Work Cell

Address _____
Street City State Zip Code

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 Disorientated	_____	_____	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 THIS APPLICANT

Official Signature _____
 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: Elsie Stafford, Administrator and Section 504 Coordinator. Telephone number: 906-786-5810 TDD or TTY State Relay Number: 1-800-432-5413