

Rocmaura Nursing Home Inc

Application for Admission

Name: Mr. Mrs. Ms.

Name used by Applicant (nickname, first name):

Previous Address: Postal Code:

Phone Number: Religion:

Date of Birth: Place of Birth:

Medicare #: Medicare Exp. Date:

Social Insurance #: Prescription Drug #:

Old Age Security #: Blue Cross Plan:

Blue Cross Group: Blue Cross Contract:

Blue Cross Class:

Marital Status: Name of Spouse:

Name, Address and Phone Number of Individual representing Applicant (Sponsor) & in case of Emergency:

Name: Relationship to Resident:

Address: City:

Postal Code: Phone #:

Other Persons to be Contacted in Case of Emergency

Name: Relationship to Resident:

Address: City:

Postal Code: Phone #:

Name: Relationship to Resident:

Address: City:

Postal Code: Phone #:

Name: Relationship to Resident:

Address: City:

Postal Code: Phone #:

Are Funeral Expenses Prepaid: Yes No

Funeral Director Designated: Name:

Address: Phone: