

# *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: