

# *Nursing Home Application for Admission*

## **Nursing Home Preferences:**

1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_  
3<sup>rd</sup>: \_\_\_\_\_

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## **1. General Information:**

Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Previous Occupation: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Other Insurance No: \_\_\_\_\_

Social Insurance No: \_\_\_\_\_ DVA No: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced

Spouse's Name: \_\_\_\_\_ Religion \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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## **2. Next of Kin**

The name of the person who will resume responsibility in all matters concerning the Resident, including emergencies, illness or death. **The Power of Attorney documentation is to be copied for the Nursing Home and attached to this application.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

## **Alternate Person to be contacted:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

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(Home)

\_\_\_\_\_  
(Work)

\_\_\_\_\_  
(Cell)

### **3. Finances**

Financial Statements submitted to Dept. of Social Development Yes  No

Will the resident be: Subsidized  Private Pay  Private Pay Veteran

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### **4. History**

Brief personal history and reason for application, including any further information:

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I hereby certify that the information given in this application is correct to the best of my knowledge.

Signature of Applicant

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Signature of 1<sup>st</sup> Person Responsible

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