**Nursing Home Preferences:**

**1st:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:

**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:

 (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

**4. History**

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

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

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of 1st Person Responsible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_