

## APPLICATION FOR ADMISSION

### GENERAL INFORMATION

- Mr.  
1. Name: Mrs. \_\_\_\_\_  
Ms.  
Miss
2. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Phone: \_\_\_\_\_
4. Present location if different from permanent address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Date of Birth: \_\_\_\_\_  
Day Month Year  
Place of Birth: \_\_\_\_\_  
How long a resident of N.B. \_\_\_\_\_  
Previous Occupation (s): \_\_\_\_\_
6. Medicare No.: \_\_\_\_\_ Pharmacare No.: \_\_\_\_\_  
Social Insurance No.: \_\_\_\_\_ DVA: \_\_\_\_\_
7. Marital Status: \_\_\_\_\_  
Spouse's First Name: \_\_\_\_\_
8. Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
9. The name of the person who will assume responsibility in all matters concerning the Resident; including emergencies, illness or death. **The Power of Attorney documentation should be copied for the Nursing Home and attached to this application.**
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
(Home) (Office)  
Relation to applicant: \_\_\_\_\_

10. Finances:

Will the applicant be self-supporting? Yes \_\_\_\_\_ No \_\_\_\_\_

**Confirmation must be received from Nursing Home Services that the financial assessment has been done prior to admission.**

11. In event of death:

Name of Funeral Home: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. White Rapids Manor is our first \_\_\_\_\_ second \_\_\_\_\_ third choice \_\_\_\_\_.

**I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT AND I REQUEST THAT \_\_\_\_\_ (NAME OF APPLICANT) BE ADMITTED TO WHITE RAPIDS MANOR.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY

Date \_\_\_\_\_

Date \_\_\_\_\_