



Resident Label
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## APPLICATION FOR ADMISSION

Mr.  
Name: Mrs. \_\_\_\_\_

Ms.

Miss

Preferred Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Present location if different from permanent address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Day

Month

Year

Place of Birth: \_\_\_\_\_

How long a resident of N.B. \_\_\_\_\_

Previous Occupation (s): \_\_\_\_\_

Medicare No.: \_\_\_\_\_ Pharmacare No.: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The name of the person who will assume responsibility in all matters concerning the Resident; including emergencies, illness or death:

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

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

Phone: \_\_\_\_\_

(Home)

(Office)

(Cell)

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

Relation to applicant: \_\_\_\_\_

**Power of Attorney documentation or signed form indicating responsible party should be copied for the Nursing Home and attached to this application.**

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.**

In the event of death:

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

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

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

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 \_\_\_\_\_