

APPLICATION FOR ADMISSION

I am interested in Saint Mary's East

I am interested in Saint Mary's at Asbury Ridge

Name _____ Birthdate _____ Age _____ Sex _____

Address _____ Phone _____

Social Security No. _____ Medicare No. _____

Spouse's Name _____ Living _____ Deceased _____

Who Referred You _____

Current Physician _____ Phone _____

Physician Address _____

Hospital Preference _____

Attorney _____ Phone _____

Attorney Address _____

Holder of Durable Power of Attorney _____ Phone _____

Address _____

Do You Have a Living Will? ___ Yes ___ No

Copies Delivered to Saint Mary's Home of Erie? ___ Yes ___ No

In case of an emergency, notify:

Name	Relationship	Address
1. _____ (Holder of Power of Attorney)	_____	_____
_____	_____	_____
Home Phone	Work Phone	
2. _____	_____	_____
_____	_____	_____
Home Phone	Work Phone	
3. _____	_____	_____
_____	_____	_____
Home Phone	Work Phone	

Are you a veteran of the armed services? ___ Yes ___ No

If Yes: Branch _____ Serial Number _____

Life Insurance:

Company _____ Policy Number _____
Face Value _____ Cash Surrender _____
Company _____ Policy Number _____
Face Value _____ Cash Surrender _____

Health Insurance/Long Term Care Nursing Home Insurance:

Blue Cross/Blue Shield Security 65 Plan _____
_____ (use letter)
Agreement Number _____ Group Number _____
Other _____
Agreement Number _____ Group Number _____
Do you have an irrevocable burial account? ___ Yes ___ No
Funeral Home Preference _____

Monthly Income:

Social Security _____ Other _____
Pension _____
VA Pension _____ *** _____
(Total Monthly Income)

Checking Accounts:

(Bank/Institution) Joint With Balance

Savings Accounts/Certificates of Deposit:

Real Estate:

Do you own your own home? ___ Yes ___ No Mortgage Balance _____
Joint With _____ Market Value _____
Other Real Estate: _____ Joint With _____ Market Value _____

Stocks & Bonds:

Company _____ # of Shares _____ Value _____
Company _____ # of Shares _____ Value _____

Signature of Applicant _____ Relationship _____ Date _____