PASSAMAQUODDY LODGE INC.

APPLICATION FOR ADMISSION

Name:	Mrs.		
	Ms Last	First	Middle
Present	: Address:		
Phone:			
Perman	ent Address:		
Are you	a Canadian Citizen? Yes	No	
How lor	ng a resident of New Brunswick	?	
Date of	Birth: Day / Month / Year	_ Place of Birth:	
Religior	n:	Marital Status:	
Medicar	re Number:		
Social I	nsurance Number:		
NB Pres	scription Drug Number:		
Blue Cr	oss Number		
Membei	r of NB Seniors Health Benefit P	rogram? Yes	No
Name o	f Family Physician:		
Phone:		<u></u>	
Have yo	ou contacted the SEP Coordinate	or: Yes	No
(If NO, p	please contact the SEP Coordina	ator, at <u>866 441 4340</u>)	
Danol A	nnroyal and Financial Assessme	ant must be completed	d prior to admission

Resident Representative:

The name of the person who will assume responsibility in all matters concerning the Resident: Name: _____ Relationship: _____ Address: Phone: Home_____ Phone: Work Phone: Cell _____ Other persons to be contacted in case of an emergency: 1. Name: _____ Relationship: _____ Address: _____ Phone: Home_____ Phone: Work_____ Phone: Cell _____ 2. Name: Relationship: Address: Phone: Home_____ Phone: Work Phone: Cell ____

Signature of Applicant: _____

Date of Application:

Signature of Resident Representative:

Revised: July 2008