

PASSAMAQUODDY LODGE INC.

APPLICATION FOR ADMISSION

Name: Mr. _____
Mrs. _____
Ms. _____
Last First Middle

Present Address: _____

Phone: _____

Permanent Address: _____

Phone: _____

Are you a Canadian Citizen? Yes _____ No _____

How long a resident of New Brunswick? _____

Date of Birth: _____ Place of Birth: _____
Day / Month / Year

Religion: _____ Marital Status: _____

Medicare Number: _____

Social Insurance Number: _____

NB Prescription Drug Number: _____

Blue Cross Number _____

Member of NB Seniors Health Benefit Program? Yes _____ No _____

Name of Family Physician: _____

Phone: _____

Have you contacted the SEP Coordinator: Yes _____ No _____

(If NO, please contact the SEP Coordinator, at 866 441 4340)

Panel Approval and Financial Assessment must be completed 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: _____

Signature of Resident Representative: _____

Date of Application: _____