

832 Sicotte Street, L'Anse, Michigan 49946

Fax 906-524-7533 Phone 906-524-6531

Application for Admission Return to Business Office

This application will remain on file for a period of 1 year, afterwhich re-application will be required.

Admission preferred: immediates	y 3 - 6 months 6 - 9 months 9 - 12 mo			
Legal Name				
DOB Ag	ge Sex			
Home Address				
Phone Number	Marital Status M S W D Sep.			
Veteran (circle one) YES NO	Spouse of Veteran (circle one) YES NO			
Service Branch	Veteran #			
Physician	Physician Phone #			
Previous Nursing Home or Hospital st	tays:			
Facility Name	Date of Admit Date of Discharg			
	<u> </u>			
in the second of				
Please include copies of the following				
Medicare #	Medicaid #			
	Do you have health insurance?			
Insurance Company	Policy #			
Do you have prescription coverage?	YES NO CO-PAY			
Pharmacy used	Phone #			
Who pays for your prescriptions? (ie: ins	surance, KBIC, etc.)			
	NO, if no, # of years residing in U.S.			

Bayside Village Application for Admission Page 2

Method of payment: (circle any appropriate source)

Are you receiving benefits from			_			
Social Security S	upplemental S	Security	Incor	ne Pension		
Does the applicant have any of	the following:	(please	includ	le copies of the following papers)		
A court appointed lega	l guardian?	YES	NO	If yes, complete below:		
Name	A	Address		Phone #		
A Health Care Power of	of Attorney?	YES	NO	If yes, complete below:		
Name	A	Address		Phone #		
A Power of Attorney fo	or Finances?	YES	NO	If yes, complete below:		
Name	A	Address		Phone #		
		D/		Dharining and a Daughologist		
YES NO	If yes, when	n?	.,	or a Physician and a Psychologists (If yes, a copy of the T accompany this application.)		
143			11122	1 documents of the second of t		
Person who has legal authority	y to place abo	ve nam	ed app	licant in our facility:		
Name		Relationship				
Home Phone		Work Phone				
Address						
Signature of Applicant:				Date:		