



# The Church of St. John & St. Stephen Home Inc

130 University Ave, Saint John, NB, E2K 4K3

Tel: (506) 643-6001 Fax: (506)643-6126

## RESIDENT APPLICATION FORM

PLEASE LIST THREE (3) NURSING HOMES IN ORDER OF YOUR PREFERENCE:

(1) SJSS Nursing Home (2) \_\_\_\_\_ (3) \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year Religion \_\_\_\_\_

### Marital Status:

Married  Widow(er)  Single  Separated Name of Spouse \_\_\_\_\_

Medicare # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Social Ins. # \_\_\_\_\_

Blue Cross Plan # \_\_\_\_\_ Blue Cross Id # \_\_\_\_\_

Physician \_\_\_\_\_ Prescription Drug # \_\_\_\_\_

### SUBSTITUTE DECISION MAKER/POWER OF ATTORNEY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

### Next of Kin:

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Substitute Decision Maker

\_\_\_\_\_  
Date