

**APPLICATION
FOR ADMISSION**

PROTESTANT HOME FOR THE AGED

operating

COVENANT HOME
5919 Magazine Street
New Orleans, LA 70115
Phone 897-6216

NAME _____

Social Security # _____

Mr. Mrs. Miss _____ Medicare Number _____
(circle one)

Medicaid Number _____

Address _____ Telephone _____

Zip Code

U.S. Service Record; Self or Spouse? Yes No Vet's Name and # _____

Age _____ Date of Birth _____ Place of Birth _____

Single _____ Married _____ Widower _____ Widow _____ Divorced _____ Separated _____

Date of Marriage _____ Name of Husband or Wife _____

Spouse: If living, where _____ Address _____ Phone _____

If deceased, when _____ Buried Where _____

Father's Name _____ Place of Birth _____
Last First Second

Mother's Maiden Name _____ Place of Birth _____
Last First Second

PERSON OR PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY: (List Responsible Party first)

NAME	RELATIONSHIP	ADDRESS	HOME AND BUSINESS PHONE

Previous Occupation _____

Hobbies; Interest, Talents; Organizations that I am a member of:

Religion _____ Member of What Church _____

Pastor _____ Name _____ Address _____ Phone _____

Physician's Name _____ Address _____ Phone _____

How long has this Physician Taken Care of You _____

Present Illnesses or Diagnosis

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____



Other Handicaps (Speech, Hearing, Vision)

Mental Status: (Alert, Confused)

Ambulation: (Check one) Independent _____ Walker/Cane _____
Human Assistance _____ Non Ambulatory _____

Other Insurance: Hospital _____
Company _____ Policy # _____
Other _____
Burial _____

Name of Mortuary _____

Cemetery _____ Burial Plot or Tomb? Yes No

Monthly Resources: I have to insure payment for services rendered at Covenant or Bethany Home (Please list amounts):

Social Security _____ Retirement Fund or Pension _____ Insurance _____
Other _____

Approximate Monthly Income _____

If you are dependent upon others for your financial support, please indicate name of person or persons to be responsible for your payments.

Name	Relationship	Address	Phone
1. _____			
2. _____			

Reason for applying: _____

Was decision made by: Yourself _____ By someone else _____
Together with family member _____

According to my best knowledge and belief, the foregoing information is complete, accurate and true in all respects. I agree, if admitted, to abide by the regulations of the Home.

Signed _____ Date _____
(applicant)
OR

Signed _____ Date _____
(sponsor or witness)