Little Sisters of the Poor APPLICATION FOR ADMISSION

PLEASE PRINT ALL INFORMATION

Name:			in and the second se	Date:	
Usual Address:			Zip:	Phone:	
Birth Date:	_Age:B	irthplace:	an a su a		
Citizen:Date came to	U.S.A	Port of I	Entry:		
Year came to State:	Alien Regi	stration Numbe	er:		
Religion:(hurch or Paris	h:		: 	
Pastor's Name:					
Sex:Marital Status:	Maiden Na	me of Spouse:			
Name of Spouse:	Ad	dress of Spouse	if Living:		
City:		Zip:	Phone:		
If deceased, date and place of dea	th:				
Father's Name:					
Mother's Maiden Name:	- And galaxy have been as for a star type of the star	Birthpla	ce:		
Former Occupation:					
Name and Address of Last Emplo	oyer:	يىلى بى مەرەپىرىغىن بەرەپ بىرىنى بىلەر			
City:					
Last Employment Date:	Pension:	L	ife Insuranc	e:	
Address:Ci	ty:ZiI			ية . أنتاج مع ال	
Face Value:Name and	d Address of Be	eneficiary:			
	ی میں میں میں میں میں اور	City:		Zip:	
Who retains Policies?		Amt	. of Annual	Premium:	
Sources of Present Income:	·	and an and an address of the second secon	un de 1999 (Maryon d'Esca) - Thar é auf l'Antaire	Amount:	
				Amount:	
	• •	5	· · ·	Amount:	
Medicare Number:		Part A:	Part B:	Other Hospital Ins-	
urance:		Number		Premium Paid by:	
	Amt. of Annual Premium:				
				AM(S) ARE THE SAME FOR 1, AGE, SEX OR HANDICAP.	
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FORM 80 - 01

APPLICATION FOR ADMISSION

Financial Resources:		
Savings Account - Location:	Amount:	Acct.#
Checking Account- Location:	Amount:	Acct.#
Stocks and Bonds- Location:		Type:
Real Estate - Location:		
Locked Box - Location:		
Other Income - Type:	Amount:	
Debts?Explain:		
Has there been any sale of house or prope explain:		last five years?If yes
Name and Address of Attorney:		
	State:Zip:	
Have you made a Will?Where is i		
Burial Arrangements:		
Do you own a burial lot:Cemetery	7	_Section:Lot:
Name of Person holding Deed:		proprietante and the
Who will pay for burial arrangements?		
Funeral director:	Address:	Phone:
Specific Arrangements:	er a norden des	
Next of Kin		
<u>Name</u> <u>Relationship</u>	Address with City & Zip Code	e <u>Phone</u>
Present Physician:	Phone:Ret	ferred to Home by:
Are you a Veteran or a Veteran's Widow?		
Which War or dates of Service:		
If children are Veterans, state war served		

FORM 80 - 01

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Little Sisters of the Poor Preliminary Physical Information

A 1	inant Man				
Appl	icant Name	e:			Date:
I. AC	TIVITIES	OF DAILY LIV	ING		
				Ne	eds Assistance:
•	MOBILI	ITY: Cane	Walker	Wheelchair	eds Assistance: Independent
	TRASFI	ER: Independer	nt	Ne	eds Assistance
0					eds Assistance
•	MEDICA	ATION: Self-A	dminister Mer	lication Properly	/
		Self-A	dminister Med	lication with Ass	istance
		Ullaule	to Auministe	r own Medicalio	11
8	SHOPPI	NG: Independe	ent	Ne	eds Assistance
	PERSON	IAL HYGIENI	E: Independent	t Ne	eds Assistance
٠	TOILETI	ING NEEDS: I	ndependent (N	lo Incontinence)	
		I I	ndependent (S	ome Incontinen	ce)
•	HOUSEL		cequires Assis	tanceN	eds Assistance
	LAINDI	RY. Independe	ependent	Ne	eds Assistance
	21101101	er: macpenae		-	
II. IYIT.	DICAL IN.	FORMATION		* 35 DOM 8	And the state
	D				
0	Present N	1edical Diagno	sis/Needs:		۵٬۳۵۹ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰
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0			ns/Hospitalizat	tions:	
0	Recent M	ledical Problem	ns/Hospitalizat	tions:	
e.	Recent M	ledical Problem	ns/Hospitalizat	tions:	
e.	Recent M Present M	ledical Problem	ns/Hospitalizat	tions:	
e e	Recent M Present M History of Present No	ledical Problem fedications: f Mental Illness eed of Mental 1	ns/Hospitalizat s or Psychiatri Health/Psychiatri	c Care: Yes	
e e	Recent M Present M History of Present No Current E	ledical Problem fedications: f Mental Illness eed of Mental I xperience or H	ns/Hospitalizat s or Psychiatri Health/Psychia istory of:	c Care: Yes atric Care: Yes	No No
6	Recent M Present M History of Present No Current E: 1.	ledical Problem fedications: f Mental Illness eed of Mental I xperience or H Alcohol or Dr	s or Psychiatri Health/Psychia istory of:	c Care: Yes atric Care: Yes	No No
6	Recent M Present M History of Present No Current E: 1. 2.	fedical Problem fedications: f Mental Illness eed of Mental I xperience or H Alcohol or D Depression: Y	ns/Hospitalizat s or Psychiatri Health/Psychia istory of: rug Dependen Yes	c Care: Yes atric Care: Yes cy: Yes	No No _No
6 6 . 6	Recent M Present M History of Present No Current E: 1. 2. 3.	Iedical Problem Iedications: f Mental Illness eed of Mental I xperience or H Alcohol or Dr Depression: M Anxiety or No	s or Psychiatri Health/Psychia istory of: rug Dependen Yes1 ervousness: Y	tions: c Care: Yes atric Care: Yes cy: Yes NoNoN	No No _No
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e e e III. AD	Recent M Present M History of Present No Current E: 1. 2. 3. 4. WANCE D.	ledical Problem fedications: f Mental Illness eed of Mental I xperience or H Alcohol or D Depression: Y Anxiety or Ne Dementia or (IRECTIVES: Y	ns/Hospitalizat	tions: c Care: Yes atric Care: Yes cy: Yes No esNo sNo	No No
e e e III. AD	Recent M Present M History of Present No Current E: 1. 2. 3. 4. WANCE D.	ledical Problem fedications: f Mental Illness eed of Mental I xperience or H Alcohol or D Depression: Y Anxiety or Ne Dementia or (IRECTIVES: Y	ns/Hospitalizat	tions: c Care: Yes atric Care: Yes cy: Yes No es No No No No	No No
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e e e III. AD	Recent M Present M History of Present No Current E: 1. 2. 3. 4. WANCE D.	ledical Problem fedications: f Mental Illness eed of Mental I xperience or H Alcohol or D Depression: Y Anxiety or Ne Dementia or (IRECTIVES: Y	ns/Hospitalizat	tions: c Care: Yes atric Care: Yes cy: Yes No es No No No No	No No

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