

The Rome Home

417 North Washington Street
Rome, N.Y. 13440

Telephone 315-338-4420 Fax 315-338-0362

APPLICATION FOR ADMISSION TO THE ROME HOME

NAME _____

ADDRESS _____

DATE AND PLACE BIRTH _____

MARITAL STATUS _____ **SOCIAL SECURITY NUMBER** _____

NAMES OF CLOSEST RELATIVES, FRIENDS OR PERSON TO BE NOTIFIED IN AN EMERGENCY

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a health care proxy _____ living will _____ DNR _____

Date of last flu shot _____ pneumonia vaccine _____

MEMBER OF WHAT CHURCH _____

FUNERAL ARRANGEMENTS MADE WITH _____

DOES ANYONE HAVE POWER OF ATTORNEY _____

NAME _____

ADDRESS _____ **PHONE** _____

MEDICARE NUMBER _____ **MEDICAID NUMBER** _____

DO YOU HAVE ANY OTHER HEALTH INSURANCE _____

NAME _____

POLICY NUMBER _____

DO YOU HAVE ANY FOOD OR DRUG ALLERGIES _____

FOOD _____

DRUG _____

SIGNATURE OF APPLICANT _____

DATE _____

Who should we thank for referring you? _____