

**TONAWANDA MANOR**  
**111 Ensminger Road**  
**Tonawanda, New York 14150**  
**(716) 871-1814 (716)871-0809**

INQUIRY/ADMISSION APPLICATION

GENERAL INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MARITAL STATUS: ( ) Married ( ) Single ( ) Widowed ( ) Divorced ( ) Separated

Briefly describe present condition of health (including significant medical diagnosis and/or physical limitations): \_\_\_\_\_  
\_\_\_\_\_

Are you receiving any assistance at home at this time? Yes: \_\_\_ No: \_\_\_

If yes, briefly describe: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Other Insurance: Company Name: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Prescription Card: Yes: \_\_\_ No: \_\_\_ \_\_\_\_\_

PLEASE SUBMIT A COPY OF YOUR INSURANCE CARDS

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

