

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 #: _____

