

DESIGNATED REPRESENTATIVE: Responsible Person

Name: _____ Relationship: _____

Address: _____

Phone: _____ (home) _____ (cell) _____ (work)

Email: _____

ALTERNATE DESIGNATED REPRESENTATIVE

Name: _____ Relationship: _____

Address: _____

Phone: _____ (home) _____ (cell) _____ (work)

Email: _____

ADVANCE DIRECTIVES:

Heath Care Proxy: _____ Power of Attorney _____

Living Will : _____ Do Not Resuscitate _____

Any home care services: _____

Circle all that apply:

Recent Falls Wandering Restless Smoker Alcohol Use
Alert Oriented Follows Directions

Signature of Applicant/ Responsible Person:

_____ Date: _____

Our Lady of Consolation prohibits discrimination on race, color, creed, national origin, sex, sexual preference, age, handicap, marital or veteran status, or source of payment as contained in NY State and Federal law. Revised 1/1/09