

Daughters Of Sarah Nursing Center

MISCELLANEOUS AUTHORIZATIONS

LONG TERM

(CHECK ALL APPROPRIATE BOXES)

RESIDENT NAME: _____ ROOM NUMBER: # _____

RELIGIOUS WORSHIP

I hereby give the Center permission to release my name to my place of worship.

Religion/Denomination: _____

Place of Worship: _____

Clergy name: _____

I hereby give the Center permission to release my name to the Catholic Eucharistic Minister for purposes of receiving Communion/Sacrament of the Sick.

Please do not release my name (even to Eucharistic Ministers, my own clergy or place of worship).

I am not affiliated with any place of worship.

USE OF PHOTOGRAPHS

I hereby give permission and consent to the Center to use my photograph, likeness, or recorded voice and/or image for public relations, marketing, news, and archival purposes, to be used alone or incorporated in whole or part with other materials or in connection with any other Daughters of Sarah Senior Community organization, perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet, social media and any other electronic medium presently in existence or invented in the future).

I hereby decline to allow my photograph to be used by the Center for publication. (I recognize that my photograph must still be taken by the Center upon my admission for internal identification purposes.)

RESIDENT TRUST ACCOUNTS

I request monthly statements be delivered to the Resident.

I request monthly statements be sent to the following designee: _____

ANCILLARY MONTHLY BILLS

I hereby authorize the Center to pay the following bills from my Resident Trust Account, but only to the extent adequate funds are on deposit in the account:

Verizon or other telephone service

Time Warner Cable

Newspaper delivery with: _____

Other: _____

Signature of Resident or Resident Representative
(If Power of Attorney, check here)

Date