



**ADMISSION FORM & AGREEMENT**

**APPLICANT INFORMATION**

Name: (Mr/Mrs/Miss) \_\_\_\_\_  
Please Circle      **First Name**      **Initial**      **Last Name**

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Birthplace: \_\_\_\_\_  
Day    Month    Year

Religion: \_\_\_\_\_      Home Church: \_\_\_\_\_

Are You a Canadian Citizen: \_\_\_\_\_      How long a Resident of N.B.: \_\_\_\_\_

Marital Status: \_\_\_\_\_      Spouse's Name: \_\_\_\_\_

Previous Occupation: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_      Medicare #: \_\_\_\_\_

Blue Cross #: \_\_\_\_\_      NB Prescription Drug #: \_\_\_\_\_

Other #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_      Telephone Number: \_\_\_\_\_

**CONTACT #1 (Please Complete)**

Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

**CONTACT #2 (Please Complete)**

Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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**DOES THE RESIDENT HAVE SOMEONE ACTING AS:**

COMMITTEE OF THE PERSON \_\_\_\_\_ OR POWER OF ATTORNEY \_\_\_\_\_

*(Please check one of the above if applicable)*

Name: \_\_\_\_\_

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**PLEASE NOTE: A copy of the Power of Attorney must accompany application.**

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**FINANCES**

1) WILL THE RESIDENT BE ABLE TO PAY THE FULL MONTHLY CHARGE?

YES \_\_\_\_\_ NO \_\_\_\_\_

2) IF **NO** TO (1) ABOVE, HAVE YOU MET WITH A FINANCIAL NEEDS ASSESSOR FROM THE DEPARTMENT OF SOCIAL DEVELOPMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

3) IF **YES** TO (2) ABOVE, ASSESSOR'S NAME: \_\_\_\_\_

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ADDITIONAL INFORMATION WHICH MIGHT ASSIST STAFF IN CARING FOR THE RESIDENT:

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## **ADMISSION AGREEMENT**

### **YORK CARE CENTRE AGREES**

1. To provide services to the Resident as required under the Nursing Homes Act, Regulations and Standards.
2. To arrange for the transfer of the Resident, at their cost, to hospital or to other appointments as it becomes necessary.
3. To obtain the services of a licensed physician as deemed necessary as well as such medications as the physician may order.

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### **AGREEMENT OF RESIDENT AND/OR RESIDENT REPRESENTATIVE**

1. The Representative will act on behalf of the resident when the Resident can no longer do so on his/her behalf.
2. The Representative agrees to assist the Resident whenever it is possible to do so, or make arrangements to provide assistance for the Resident when needed.
3. The Resident or Representative agrees to make arrangements to administer the Resident's trust money according to the rules and regulation of such a fund as directed by the Department of Health and Community Services.
4. If applicable, the Resident or representative agrees to pay out of the Resident's fund any legal debts owing on behalf of the Resident.
5. To provide such personal clothing and items as needed or desired by the Resident.
6. Be responsible for drug bills for medication not covered by N.B. Prescription Drug Program and other treatments of aids ordered by the physician.
7. To conform to all the rules and regulations of the Nursing Home as from time to time are issued.
8. If needed, to provide insurance on the Resident's personal property as the Nursing Home's insurance does not cover the Resident's personal property.

### **STANDARD ADMISSION WAIVER**

1. The management of York Care Centre has agreed to exercise such reasonable care towards this person as his/her known condition may require, however, York Care Centre is in no sense an insurer of the Resident's safety or welfare and will assume no liability as such.
2. The management of York Care Centre will not be responsible for any valuables or money left in the possession of the Resident while he/she is a resident at York Care Centre.
3. The management of York Care Centre will not be responsible for the Resident when absent from the nursing home for whatever reason.
4. Except under certain legal circumstances, York Care Centre does not have the authority to force a Resident to remain in the nursing home against his/her wishes and will discharge the Resident to the care of the Resident's representative or to the Resident's family.
5. York Care Centre will have to transfer the Resident to the proper facility if the Resident's care is beyond the level of care the nursing home provides.

### **FINANCIAL AGREEMENT**

1. The resident representative acknowledges that should the Resident be unable to pay the daily rate then the resident representative is responsible on behalf of the Resident to apply for assistance for the Resident. Failure to apply for the financial assessment by the resident representative may result in the resident representative being personally responsible for all incurred costs until the financial assessment is completed. The resident representative agrees to provide all the necessary information so that the financial information can be processed within thirty days of admission.

**FINANCIAL AGREEMENT (Continued)**

2. The resident representative must ensure that the monthly rate is paid upon receipt of the invoice for the amount owed by the Resident. This amount will either be the nursing home's daily rate or the amount assessed by the Department of Health as the Resident's share. Failure for the resident representative to make the above commitment may result in the resident representative being personally responsible for all incurred charges by the Resident.
3. The resident representative is responsible to report any changes in the Resident's ability to pay their share of the monthly rate to the nursing home and to make arrangements to have the Resident's subsidy adjusted.
4. The resident or his/her representative understands that in the case a financial assessment is not complete upon admission, they will be required to pay the entire monthly rate until the assessment is completed. If the completed assessment results that the person has overpaid, a refund will be provided at that time.
5. In the case of reassessment of a current resident, the resident or his/her representative must continue to pay the most current assessment amount until the reassessment is completed. If the completed reassessment results that the person has overpaid, a refund will be provided at that time.
6. The resident or his/her representative understands that the resident's government cheques for OAS and CPP can be automatically directly to the nursing home.

\_\_\_\_\_  
**Resident Representative Signature**

\_\_\_\_\_  
**Date**

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**DURATION OF AGREEMENT**

**EITHER PARTY MAY TERMINATE THIS AGREEMENT ON FIFTEEN (15) DAYS NOTICE, OTHERWISE IT WILL REMAIN IN EFFECT UNTIL A DIFFERENT AGREEMENT IS EXECUTED.**

\_\_\_\_\_  
**Resident's Signature**

\_\_\_\_\_  
**And Witnessed By**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Resident Representative Signature**

\_\_\_\_\_  
**And Witnessed By**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**YORK CARE CENTRE**

\_\_\_\_\_  
**Date**

**PLEASE NOTE: Application will be returned if it is not signed.**