

Lincourt Manor Inc.
1 Chipman St., St. Stephen, N.B. E3L 2W9
Phone (506)466-7855 Fax (506)466-7853

ADMISSION FORM and AGREEMENT

Mr.
Name: Mrs. _____
Miss. _____ Last _____ First _____ Middle _____

Current Address: _____

_____ Phone: _____

Former Address: _____

Are you a Canadian Citizen: Yes _____; No _____.

How Long A Resident of N.B.: _____

Date of Birth: _____; _____; _____ Place of Birth: _____
Day Month Year

Previous Occupation: _____

Denomination: _____ Name of Pastor: _____

Please provide information regarding your choice of funeral home. If a funeral home has not been arranged prior to the resident's passing, the facility will transport the body to one of our choice. The family can meet with the funeral director regarding arrangements and payment.

Funeral Home: _____ Contact Person: _____

Phone : _____

Special Arrangements: _____

Marital Status: Married _____; Single _____; Widow(er) _____; Separated _____

Medicare No.: _____ Pharmacare No.: _____

Social Insurance No.: _____ Blue Cross No.: _____

Other: _____

Present Doctor's name: _____

Briefly Explain Why Applicant is Applying For Admission:

Finances:

The Department of Health has made it possible through a subsidy program to allow all Canadian citizens living in New Brunswick access to N.B. Nursing Homes.

Upon admission, the Administrator of the Home and other government officials will need to know the exact amount of the resident's income – if they require financial assistance from the Department of Health in order to pay the Home's monthly rate.

Resident Representative:

Power of Attorney re: Monetary (if applicable):

Name: _____

Address: _____

Relationship: _____ E-mail: _____

Phone: _____ ; _____

Home

Work

Power of Attorney re: Personal Care:

Name: _____

Address: _____

Relationship: _____ E-mail: _____

Phone: _____ ; _____

Home

Work

Alternate Representative:

Name: _____

Address: _____

Relationship: _____

Phone: _____ ; _____

Home

Work

**ADMISSION AGREEMENT
LINCOURT MANOR INC. NURSING HOME and THE APPLICANT**

LINCOURT MANOR AGREEMENT

1. To provide room, food, personal supplies and services as may be required for the health, safety, and well-being of the resident and to provide Nursing Care as required by the N.B. Nursing Home Act.
2. To obtain the services of a licensed physician who visits on a regular basis, providing medical care.
3. To arrange for transfer of the resident, at the resident's cost, to the hospital when necessary and to immediately notify the resident's representative of such transfer.
4. To treat everyone with mutual respect.

APPLICANT OR REPRESENTATIVE AGREEMENT

1. To provide such personal clothing and effects as needed or desired by the resident.
2. To provide funding for expenses that are not covered by Government or insured services, such as medication, treatments, personal supplies and spending money.
3. To pay the basic rate agreed upon as per the contribution from the Financial Assessment according to Dept. of Social Development. The resident should have Power of Attorney to act on their behalf for payments. If no Power of Attorney assigned, or if the account becomes delinquent, the Home will have the right to become the trustee for the resident.
4. To conform to all the Policies & Procedures of the Home eg. Least restraint policy.
5. To act as the official contact between Home and resident's relatives.
6. To treat everyone with mutual respect.

STANDARD ADMISSION WAIVER

1. Lincourt Manor has agreed to exercise such reasonable care toward this person as his or her known condition may require, however, this Home is in no sense an insurer of his or her safety or welfare and assumes no liability as such.
2. Lincourt Manor will not be responsible for any valuables or money left in the possession of this person while he or she is a resident of this Home.
3. Lincourt Manor will not be responsible for residents when absent from the home for whatever reason.
4. Where the home determines that there is a likelihood that the resident shall endanger him/her self or others, appropriate steps will be taken to ensure safety for all, up to and including discharge.

DURATION OF AGREEMENT

Either party may terminate this agreement on 15 days written notice. Otherwise, it will remain in effect until a different agreement is executed.

HOWEVER, THIS DOES NOT MEAN THAT THE RESIDENT WILL BE FORCED TO REMAIN IN THE HOME AGAINST HIS OR HER WILL FOR ANY LENGTH OF TIME.

(Resident or Representative)

(Date)

(Lincourt Manor Inc. Representative)

(Date Received)

NOTE: Application not valid unless signed.