

Pine Grove Admission Agreement

The Fredericton South Nursing Home Inc. and THE APPLICANT

1. To furnish rooms, food, linens, bedding towels, face cloths and such personal services as may be required for the health, safety, good grooming and well-being of the resident and to provide Nursing Care as required by the Health Act.
2. To obtain the services of a licensed physician as deemed necessary as well as such medication as the physician may order.
3. To arrange for transfer of the Resident, at their cost, to the hospital when this is ordered by the attending physician and to immediately notify the Responsible Party of such transfer.

Agreement of Applicant or Responsible Party

1. To provide such personal clothing and effects as needed or desired by the Resident.
2. To provide such spending money as needed by the Resident.
3. To be responsible for drug bills for medications not covered by Drug Prescription Program and other treatments or aids ordered by the physician.
4. To be responsible for hospital charges if hospitalization of the Resident becomes necessary.
5. To pay the rate, as stipulated by the Department of Social Development Notice of Financial Subsidy or the private rate, whichever may apply.
6. The Responsible Person acknowledges that if the Resident is unable to pay the basic rate and other charges which may be incurred by or on behalf of the Resident to the Home, then the Responsible Person is obligated to pay such charges or arrange for alternate payment. Failure by the Responsible Person to pay such charges or make alternate arrangements may mean that the Home may commence action against the Responsible Person to recover the owed charges and in addition may require the Resident to vacate the Home.
7. To conform to all the rules and regulations of the Home as from time to time are issued.

STANDARD ADMISSION WAIVER

1. The Management of this Home 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. The Management of this Home 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. The Management of this Home will not be responsible for Residents when absent from the Home for whatever reason.
4. The Management of this Home will not force any Resident to remain in the Home against his or her will for any length of time.

DURATION OF AGREEMENT

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

_____	_____
(Signature of Fredericton South Nursing Home Inc.)	(Date)
_____	_____
(Signature of Resident)	(Date)
_____	_____
(Signature of Responsible Person)	(Date)

I have read the Admissions Agreement and I understand the responsibilities outline in #5 and # 6 of Page 1.

(Signature of Resident)

(Signature of 1st Person Responsible)