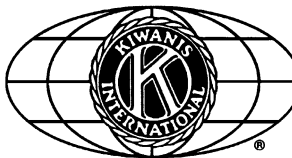


Phone No. (506) 432 – 3118
Fax No. (506) 432 – 3104
Email knhi@nb.aibn.com
Website www.kiwanisnursinghome.com



11 Bryant Drive
Sussex, NB E4E 2P3

**KIWANIS NURSING HOME INC.
APPLICATION**

NAME _____ **Phone** _____

Address _____ **Contract Person** _____

_____ **Postal Code**

Date of Birth _____ Place of Birth _____ Religion _____

Day/Month/Year

Medicare # _____ Medicare Card Expiry Date _____

PLEASE PROVIDE A COPY OF THE MEDICARE CARD WITH RETURNED APPLICATION

Blue Cross _____ Other Coverage _____ Name of Doctor _____

S.I.N. # _____ Marital Status: Married _____ Single _____ Other _____

Names(s) of Person(s) with Power of Attorney _____

PLEASE PROVIDE A COPY OF THE POWER OF ATTORNEY WITH RETURNED APPLICATION

PERSONS TO CONTACT IN CASE OF EMERGENCY:

1. Name _____ Relationship _____ Phone: Home _____
Work _____

Address _____ Postal Code _____

Email _____

2. Name _____ Relationship _____ Phone: Home _____
Work _____

Address _____ Postal Code _____

Email _____

NEXT OF KIN (Other than above):

1. Name _____ Relationship _____ Phone: Home _____
Work _____

Address _____ Postal Code _____

Email _____

2. Name _____ Relationship _____ Phone: Home _____
Work _____

Address _____ Postal Code _____

Email _____

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FINANCIAL:

Old Age Pension Monthly Amount _____
Other Pension Monthly Amount _____
Other Income Monthly Amount _____

Will Financial Assistance be necessary? _____ Have arrangements been made? _____

Is applicant eligible for financial assistance from the Dept. of Veterans' Affairs? _____ If yes,
please provide DVA Client ("K") Number _____

PLANS FOR BURIAL:

Name and Address of Funeral Home _____

Church and/or Clergyman _____

SPONSOR (Person with Power of Attorney):

Name _____ Phone: Home _____
Work _____

Address _____ Postal Code _____

AGREEMENT OF REMOVAL

I hereby agree to remove the above-named person from the facilities of the Kiwanis Nursing Home Inc. if at any time he/she should become troublesome or beyond the care of the home, in the discretion of the Board of Directors.

Signature of Sponsor

NOTICE OF DISCHARGE: (office use only)

Left or Discharged _____
Signature of Responsible Party

Reason: _____ Condition _____

Forwarding Address: _____

Signature of Administrator