

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 _____ **Contact 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 _____

Page 2 – KIWANIS NURSING HOME APPLICATION

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