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# Forest Dale Home Inc.

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*"Togetherness - where caring counts"*

## **APPLICATION FORM**

**NOTE:** All information requested on this Application Form must be supplied. No application will result in the cancellation of admission.

### **PERSONAL (Resident)**

Name in Full: \_\_\_\_\_

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

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

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Other Telephone # (\_\_\_\_) \_\_\_\_\_

Medicare #: \_\_\_\_\_ SIN #: \_\_\_\_\_

Date of Birth: (DD/MO/YYYY) \_\_\_\_\_

**POWER OF ATTORNEY**      **Personal** \_\_\_\_\_      **Financial** \_\_\_\_\_

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

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

\_\_\_\_\_

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

Telephone #: (\_\_\_\_) \_\_\_\_\_ Other #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I have attached a copy of the *Power of Attorney*: \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

I have read and completed the attached Financial Information form & PAD Agreement: \_\_\_\_\_ **yes** \_\_\_\_\_ **no**





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**Family Members:** (List Names, Mailing Address, Telephone # & Relationship)

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## **MEDICAL**

**Immunizations(dates)**

\_\_\_\_\_ **Influenza**

\_\_\_\_\_ **Pneumovax**

**COVID-19** \_\_\_\_\_ **1st Dose** \_\_\_\_\_ **2<sup>nd</sup> Dose** \_\_\_\_\_ **Booster**

**Current Family Physician:** \_\_\_\_\_

**REQUEST FOR CLERGY VISITS** (denomination) \_\_\_\_\_

## **IN EVENT OF DEATH**

Name of person to be notified and belongings released to:

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Relationship: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Funeral Home of Choice: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Responsible Party Signature

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Witness



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## Financial Information

Resident: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

### **Sponsor Information:**

Spouse:  Yes  No

POA: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Income information:**

Monthly Income	Resident	Spouse
OAS / GIS	_____	_____
CPP	_____	_____
OTHER PENSIONS	_____	_____
<b>TOTAL MONTHLY INCOME</b>	_____	_____

DVA Coverage:  Yes  No If yes, DVA # \_\_\_\_\_

Insurance Coverage:  Yes  No If yes, Insurance # \_\_\_\_\_

Does Resident have a monthly income over \$3437.08?

- Yes - Indicates a single person is private pay
- No- Application for Financial Assistance from the Department of Social Development to help with cost of care has been made?  Yes  No

Date \_\_\_\_\_ Completed by: \_\_\_\_\_

Questions concerning this form should be directed to:

**Ray Mason: (506) 882-3015 Ext 5**

**Email:** [accountant@forestdalehome.ca](mailto:accountant@forestdalehome.ca)

Over →



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## Pre-Authorized Debit (PAD) Agreement

Customer Information <i>(please print clearly)</i>	
Name:	
POA:	
Mailing Address	
City:	Province:
Postal Code:	Telephone #:

Pre-Authorized Debit (PAD) details <i>(please print clearly)</i>	
Financial Institution:	
Branch Address:	
City:	Province:
Postal Code:	Telephone #:
Bank Number: (3 digits) <input type="text"/> <input type="text"/> <input type="text"/>	Transit Number: (5 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number:	
<i>Please attach a voided copy of cheque with your account number micro encoded on the bottom</i>	

You, the payor, authorize Forest Dale Home Inc. to debit the bank account identified above for the statement amount on the 1<sup>st</sup> day of each month or the next business day.

You acknowledge that any NSF fees will be your responsibility if payment is declined for any reason. You will notify Forest Dale Home Inc. promptly in writing if you move the account from one bank or branch to another, or if there are any other changes in the account.

You may revoke this authorization at any time, subject to providing notice to Forest Dale Home Inc. This notification must be received at least fourteen (14) business days before the next debit is scheduled at the address below. You understand that if you cancel this authorization, it does not mean that our contract obligations to Forest Dale Home Inc. are ended. For more information on my right to cancel a PAD agreement or obtain a sample cancellation form you may visit: [www.cdnpay.ca](http://www.cdnpay.ca)

You are authorized to sign on behalf of the above account.

\_\_\_\_\_

Date

\_\_\_\_\_

Authorized Signature(s)

\_\_\_\_\_

Authorized Signature(s)

\_\_\_\_\_

Name/s (please print)

\_\_\_\_\_

Name/s (please print)

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)



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## **ADMISSION AGREEMENT**

RESIDENT: \_\_\_\_\_

### **FOREST DALE HOME INC. AND THE APPLICANT**

Inherent in the philosophy of Forest Dale Home Inc. is the concern that the nursing home, resident and family work together to provide as pleasant an environment as possible for our residents. To achieve this end, there must be an ongoing involvement by the family and friends from the community, as this will assist us in ensuring a quality lifestyle for the resident.

### **IN PROVIDING A CARING ATMOSPHERE, FOREST DALE HOME INC. AGREES:**

1. To provide accommodation based on the need of the Resident and the availability of required accommodation. The home reserves the right to transfer a Resident at any time from one accommodation to another within the facility based on the needs of the entire resident population. Requests by the Resident for a transfer will be arranged as soon as possible if deemed advisable by the nursing home. Requests for transfer will not be unduly denied.
2. To provide personal care for the Resident in those areas in which a person would normally be independent but where the Resident is, for some reason, unable to function e.g. Assistance with bathing, dressing, eating, etc.
3. To provide a warm and comfortable atmosphere in the Resident's room. This includes the provision of a bed, dresser, bedside table, closet storage space together with all appropriate linens, bedding, towels and face cloths as may be required by the Resident.
4. To provide nursing services as required by the Resident.
5. To provide for the positive identification of the Resident, including, but not limited to the taking of a photograph on admission, and updating of same as necessary.
6. To facilitate the provision of services of a licensed physician (of the resident's choice whenever possible), when necessary due to health condition of the Resident.
7. Where the care of the Resident is beyond that able to be provided by the home, to arrange for the transfer of the Resident to the hospital and to immediately notify the responsible party for such transfer. In the event there is likelihood of a resident harming his/her or others, the home retains the right to waive the 15-day notice under the Nursing Home Act 17 (1).
8. Provide support care, as opposed to acute and/or critical care for the Resident.
9. Respect the wishes of the Resident in terms of the provision of such extraordinary/heroic measures as tube feedings, intravenous, and resuscitation etc. The wishes of the Resident will be assessed on admission and reassessed at regular intervals (at time of Resident reviews).



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10. As Nursing Homes do not have extensive advanced life support equipment, nor in-house medical staff available 24 hours a day; and as residents in Nursing Homes have a high incidence of pre-existing illness and a slow decline in body function is expected: it is therefore the policy of Forest Dale Home Inc. not to resuscitate residents through Cardiopulmonary Resuscitation during a medical crisis, unless specifically requested by the family, in which case, the Resident will be transferred to the Moncton Hospital.

11. To make available an advisory council of Residents (Residents Council) as a means through which the Resident or their family may have input into the functions of the home.

12. Forest Dale Home Inc. has a policy of "Least Restraint". This translates into the use of minimal restraints. Please ask nursing staff regarding this policy.

**AS THEIR RESPONSIBILITY IN THE PROVISION OF CARE, THE APPLICANT AND/OR RESPONSIBLE PARTY FOR THE APPLICANT AGREE(S) TO:**

1. Respect the rights of all individuals living or working at the Home.
2. Have one designated advocate ("Responsible Party") available to speak on behalf of the resident if he or she is unable to do so.
3. Provide such personal clothing and effects as needed or desired by the resident in order for them to be comfortable in their new surroundings.
4. Provide such monies as might be needed or desired by the Resident in order to maintain a degree of independence and to enable the resident to purchase or rent items consistent with their interests and needs.
5. Be responsible for pharmacy bills and other treatments or aids which are not covered through the Prescription Drug Program or other benefit.
6. Be responsible for any hospital or ambulance charges which are not already covered should hospitalization or transportation to another facility become necessary.
7. The applicant/resident acknowledges their obligation to pay the basic rate and other charges which may be incurred in the provision of care. 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 basic rate and other charges and in addition may require the Resident to vacate the Home.
8. The Responsible Party 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 obliged to pay such charges or arrange for alternate payment. Failure by the responsible person to pay such charges or make alternate arrangements means that the



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Home may commence action against the responsible person to recover the basic rate and other charges and in addition may require the Resident to vacate the Home.

9. Arrange for such professional services and payment thereof, as may be required, but not available at the home, e.g. dental, optometry, etc. and provide transportation to these appointments.

10. To abide by all the rules and regulations as may be issued from time to time by the Nursing Home.

11. Understand and acknowledge that Forest Dale Home Inc. is not responsible for the loss or damage of any personal effects (eye glasses, dentures, hearing aids, or any personal items of any kind)

12. All accounts overdue by 30 days will be subject to a monthly interest rate of 2%.

## **RESPONSIBILITY OF BOTH PARTIES**

Both parties agree to provide 15-day notice should the Resident vacate the home.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

THE RESPONSIBLE PARTY

ON BEHALF OF FOREST DALE HOME INC.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS