



KENNEBEC MANOR

Giving Purpose and Meaning to Every Life

475 Woodward Avenue  
Saint John, NB E2K 4N1  
Ph: (506) 632-9628 Fax: (506) 658-9376

**RESIDENT APPLICATION FORM**

Request for: Permanent Bed\_\_\_\_\_

**Personal Information**

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

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

\_\_\_\_\_

Current Location: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: single [ ] married [ ] widow(er) [ ] divorced [ ]

**Assessment Information**

Doctor: \_\_\_\_\_ Social Worker: \_\_\_\_\_

NH Assessment Date:\_\_\_\_\_

Please provide a brief summary of the events which have led to seeking admission to our care facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information**

Have you submitted the last two years' Income Tax Returns to the Dept of Social Development? \_\_\_\_\_

If "NO", they **MUST** be attached to this application or no further processing of this application can occur.

***In addition, please be advised that upon admission you will be required to pay for the first and last month's Care Service charge.***

Please complete reverse side...



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**Substitute Decision Maker**

Name: \_\_\_\_\_ Telephone \_\_\_\_\_ H  
Address: \_\_\_\_\_ W  
\_\_\_\_\_ C  
Postal Code: \_\_\_\_\_ email  
Relationship to Applicant \_\_\_\_\_

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**OTHERS TO BE CONTACTED IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Telephone \_\_\_\_\_ H  
Address: \_\_\_\_\_ W  
\_\_\_\_\_ C  
Postal Code: \_\_\_\_\_ email  
Relationship to Applicant \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_ Telephone \_\_\_\_\_ H  
Address: \_\_\_\_\_ W  
\_\_\_\_\_ C  
Postal Code: \_\_\_\_\_ email  
Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_  
Signature of Resident or  
Substitute Decision Maker

\_\_\_\_\_  
Date