



KINGS WAY CARE CENTRE

Giving Purpose and Meaning to Every Life

8 Squire Drive
Quispamsis, NB E2G 2A7
Ph: (506) 847-1131 Fax: (506) 847-1134

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: _____

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 _____

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