



## FACILITY RESPITE ADMISSION AGREEMENT

This agreement made in duplicate this \_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_

BETWEEN:

Southern Health-Santé Sud

\_\_\_\_\_  
(Name of Facility)

and

\_\_\_\_\_  
(Name of Client)

**Client:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Designate/Responsible Party:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

The Client or Designate/Responsible Party named above agrees to the following terms for the care of the Respite Client named above.

**The Facility will admit the Client for the respite period of:**

\_\_\_\_\_ to \_\_\_\_\_

The admission is at \_\_\_\_\_ (AM/PM) on \_\_\_\_\_ while

discharge is at \_\_\_\_\_ (AM/PM) on \_\_\_\_\_.

**The Client or Designate/Responsible Party will pay to the Facility the sum of**

\$ \_\_\_\_\_ per day on admission.

**This agreement witnesses that:**

1. The Facility agrees to provide board and accommodation to the Client and such personal care as the Client may require and the Facility is able to provide.
2. The Client or his/her Designate/Responsible Party agrees to pay the applicable rate for the duration of the admission on the day of admission.
3. The Client or his/her Designate/Responsible Party agrees to pay the following charges:
  - 3.1. The daily residential charge at the rate per day as set out according to either the Hospital Services Insurance and Administration Regulation under Health Services Insurance Act or the assessed charge for personal care services as determined by Manitoba Health, Seniors and Active Living;
  - 3.2. Any ambulance charges with respect of the Client, which are not considered an insured benefit;
  - 3.3. Any other non-insured supplies or services.
4. The Client or his/her Designate/Responsible Party is responsible to arrange the transportation for admission and discharge and any incurred costs.
5. At the end of the respite admission, the Client or his/her Designate/Responsible party shall assume responsibility for the care and maintenance of the Client and the Client will be discharged from the Facility.

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Date

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Client or Designate/Responsible Party

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Date

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Facility Representative