



PERSONAL CARE HOME RESIDENT AGREEMENT

This Agreement made in duplicate this ____ day of _____ A.D., 20__.

BETWEEN:

SOUTHERN HEALTH-SANTÉ SUD.
(Hereinafter called the "Home") OF THE FIRST PART,
- and -

(Hereinafter called the 'Resident') OF THE SECOND PART.

WHEREAS the Home provides accommodation, goods and services as prescribed in the *Personal Care Services Insurance and Administration Regulation*; and whereas the Resident desires to live in the Home.

This Agreement includes:

1. The Home agrees to provide board and accommodation to the Resident and such personal care as the Resident may require and as the Home is able to provide.
2. The Resident and/or Legal Representative for the Resident (hereinafter collectively referred to as the "Resident") agree to pay the following charges:
 - a) The daily residential charge at the rate per day as established by Manitoba Health.
 - b) Any ambulance charges with respect of the Resident, which are not considered an insured benefit.
 - c) The purchase and maintenance costs of any other equipment specific to the needs of the Resident which are not considered an insured benefit as per the Resident and Family Information Handbook and/or Schedule of Charges.
 - d) The cost of any other uninsured supplies or services not provided by the Home as per the Resident and Family Information Handbook and/or Schedule of Charges.
 - e) Any charges incurred by the Resident payable to the Home.

3. The Resident agrees to pay the residential charge one (1) month in advance. Arrangements for payment shall be made by the Resident, and/or Legal Representative, with the Business Office at time of admission.
4. The Resident, or designated representative for health care, hereby consents to the following:
 - a) To enter into a discussion regarding the right to choose or refuse treatment.
 - b) Dental examinations and incurred costs.
 - c) The purchase, maintenance and repair of glasses, hearing aides, and dentures.
 - d) The collection of information and the release of information from the Resident's health record as is required for the care of the individual in accordance with *The Personal Health Information Act*.
5. The Home will make arrangements for the provision of medical care for the Resident. The Resident understands that should he/she choose an alternative physician, that physician must be willing and available to visit the Home to provide written and/or signed medical orders, and provide other required services such as physical examinations and medication reviews.
6. The Home will dispense medications which are medically prescribed for the Resident. Medications not covered by Manitoba Health are the Resident's responsibility.
7. As part of its safety standards program, the Home's maintenance department inspects all permitted electrical equipment, prior to its placement in the Resident's room. The Resident agrees to remove equipment/appliances if safety conditions are not met.
8. Power mobility devices are only permitted within the Home following an assessment.
9. The Resident agrees to purchase all clothing that he/she may require.
10. The Resident agrees that he/she will be responsible for all of his/her personal belongings. The Home recommends the Resident insures personal valuables with an insurance carrier of his/her choice. The Home is not responsible for loss or damage of any personal items and property including but not limited to glasses, hearing aides, dentures, etc.

11. The Home reserves the right to arrange or remove furnishings, equipment and/or appliances (either Resident or Home owned) to ensure adequate space is available to meet the Resident's care needs safely.

12. The Home reserves the right to move the Resident within the Home, for the best interests of the Resident and/or other Residents of the Home. Costs incurred as a result of the move (for example – telephone, Internet, television provider costs) will be paid by the Home.

13. If the Resident initiates a move to another room, the Resident agrees to pay any costs incurred (for example, telephone, Internet, television provider costs) as a result of the move.

14. The Home reserves the right to discharge or transfer the Resident who, following a medical and/or social and/or nursing assessment has been deemed at a level of care that is not available in the Home.

15. The Home reserves the right to discharge or transfer the Resident if the resident/family displays behaviour that is significantly disruptive to other Residents, a serious threat to the welfare of Residents and/or staff, or fails to abide by the Home's policies including but not limited to harassment/abuse.

Signed this ____ day of _____ A.D., 20_____.

 Resident OR Health Care Proxy

 Personal Care Home Representative (sign and print name, including designation if applicable)