

AGREEMENT FOR SUPPORT

In consideration of Fulford Residence receiving

Mrs. /Miss _____
Resident

As a resident, I agree on her behalf and under the powers given me by her Power of Attorney, a copy which is attached hereto, to make the monthly and other payments from the funds of the Resident as required by Fulford Residence for her care and lodging.

It is understood that in case of death, or transfer to another facility, all outstanding charges as well as 30- days rent shall be paid as of that date.

Signature _____ Date _____
(Per Power of Attorney)

POLICY FOR CONTINUED RESIDENCY

After a period of adjustment, it is possible that Fulford is deemed by the management not to be suitable for the Resident. Furthermore, although Fulford Residence endeavors to enable residents to live the remainder of their days at Fulford, I acknowledge that should the Resident become uncooperative or beyond the ability of Fulford Residence to provide the necessary care and supervision to the Resident, I hereby agree to assist Fulford Residence in finding a suitable alternative residence.

Signature _____
(Per Power of Attorney)

Address

Tel: _____ Fax: _____ Date _____

Resident's Signature