

# Manoir North Centennial Manor Inc.

2 PROMENADE KIMBERLY DRIVE  
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Date: \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Name of POA/SDM: \_\_\_\_\_

I attest that I am the Power of Attorney (POA) for Care or Substitute Decision Maker (SDM) for the resident named above and that where possible, the resident has been involved in deciding the names of the Essential Caregivers below.

I have reviewed the information provided regarding Essential Caregivers at North Centennial Manor (NCM). Please accept the names listed below as Essential Caregivers for the resident named above.

|               | Essential Caregiver Name | Essential Caregiver Email | Essential Caregiver phone number |
|---------------|--------------------------|---------------------------|----------------------------------|
| Caregiver #1  |                          |                           |                                  |
| Caregiver #2  |                          |                           |                                  |
| Caregiver #3  |                          |                           |                                  |
| Caregiver #4  |                          |                           |                                  |
| Caregiver #5  |                          |                           |                                  |
| Caregiver #6  |                          |                           |                                  |
| Caregiver #7  |                          |                           |                                  |
| Caregiver #8  |                          |                           |                                  |
| Caregiver #9  |                          |                           |                                  |
| Caregiver #10 |                          |                           |                                  |

Signature: \_\_\_\_\_