

# 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			

I am aware that if at any time either or both of the Essential Caregivers named above cannot continue in the role of Essential Caregiver, either or both Caregivers can be replaced in the role upon written notification to the Manor from the resident/POA/SDM.

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

PROUD MEMBER OF:  
FIER MEMBRE DE :

