

TRUST AGREEMENT

This is to authorize Alberta Health Services to withdraw funds from the trust account of

Print Name of Resident

for the payment of the following (please initial by the applicable item):

Service/Item	Initials Resident or Legal Representative (Financial)
Accommodation fees	
Bus Fee for recreation outings	
Enhanced Cable TV	
Clothing Labels and Labelling (one time fee)	
Drugs (Uninsured – not included in Formulary)	
Hairdressing Services	
Laundry fees	
Late payment penalty	
Nail care kit	
Uninsured care supplies	
Authorized "Chits" or Bills including: Dry Cleaning, Liquor Orders, Gift Shop, Resident Programs	
Other (specify)	
Other (specify)	

Name of Resident/Legal Representative (Financial)

Resident's SIN#

Signature of Resident/Legal Representative (Financial)

Relationship to Resident

Date (YYYY/Mon/DD)

Witness

Date (YYYY/Mon/DD)

All refunds of trust funds shall be paid to the Resident (if discharged) or the Resident's estate by cheque within six - eight weeks of discharge. A balance of \$10.00 or less will not be charged or refunded.

The personal information requested on this form is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIPP) Act and is protected under the FOIPP Act. The information will be used only for the purpose of payment for services.