

ADDITIONAL CHARGES REQUISITION: LAUNDRY

Please complete **one** of the following options for personal laundry services.

OPTION 1: PERSONAL LAUNDRY SERVICES COMPLETED BY FACILITY (via CONTRACTED PROVIDER)

I, _____, hereby agree to pay, on behalf of _____,
Name of Resident or Legal Representative (Financial) *Name of Resident*

the one-time labelling fee and ongoing monthly fees to have laundry completed by the facility, on or before the fourth business day of each month.

Date: _____ Signature: _____

OPTION 2: PERSONAL LAUNDRY SERVICES COMPLETED ON-SITE BY CLIENT OR FAMILY MEMBER

I, _____, hereby agree to pay, on behalf of _____,
Name of Resident or Legal Representative (Financial) *Name of Resident*

the ongoing monthly fee for personal use of the on-site laundry facilities, on or before the fourth business day of each month.

Date: _____ Signature: _____

OPTION 3: PERSONAL LAUNDRY SERVICES COMPLETED OFF-SITE BY FAMILY

I, _____, have notified Carewest that I have made other arrangements
Name of Resident or Legal Representative (Financial)

for the personal laundry of _____ to be cleaned by someone outside of the care centre.
Name of Resident

Date: _____ Signature: _____