

Name of Dationt

Kiwanis House Request

Stan Cassidy Centre For Rehabilitation 800 Priestman Street Fredericton, N.B. E3B 0C7 Tel: (506) 452-5225

Email requests to: AUBERGE.SCCRHOSTEL@HORIZONNB.CA

Outpatient Inpatient
Person Making the Request:
Number of Guests:
Telephone:
Department and date of appointment:
Check in Date:
Check Out Date:
Check in Time (rooms are not guaranteed to be ready until after 2pm)
☐ Monday to Friday between 8am – 4pm
☐ Monday to Friday between 4pm – 7:45pm
☐ Weekend/Holiday between 1:30pm-7:45pm
NOTE: If you arrive outside of the check in times noted above you will NOT be able to access your room
Have you stayed in Kiwanis House within the past 12 months? ☐ YES ☐ NO
Language for Orientation: English French No preference
Special Considerations for your stay:

IMPORTANT NOTES:

- Requests are taken on a first come, first serve basis
- Guests must be attending an appointment at SCCR or have a family member as an inpatient at SCCR to be eligible to stay.
- Guests staying at Kiwanis House will be responsible for their own general housekeeping duties such as making the bed and preparing their meals.
- Special equipment needs are the responsibility of the guest. Each unit is furnished with a commode, bath bench, lift and hospital bed.
- All guests staying in the unit are required to receive the orientation and are required to initial and sign the orientation form where indicated.
- Payment is due at CHECK IN and payment can be made by cash/cheque/debit/credit