

Drop Off Locations / More Information

Corner Brook Long Term Care/Protective Community Residences (Corner Brook)

Patricia Barrett - Recreation Development Specialist

patriciabarrett@westernhealth.nl.ca

Telephone (709) 637-3999 extension 3518

Fax (709) 637-3080

Drop Off Box: Main Foyer, Corner Brook Long Term Care

Bay St. George Long Term Care (Stephenville Crossing)

Kay Blair - Recreation Development Specialist

kayblair@westernhealth.nl.ca

Telephone (709) 646-3207

Fax (709) 646-2350

Drop Off Box: Main Entrance, Bay St. George Long Term Care

Dr. Charles L. LeGrow Health Centre (Port aux Basques)

Shelley Nichols - Recreation Development Specialist

shelleynichols@westernhealth.nl.ca

Telephone (709) 695-4532

Fax (709) 695-2397

Drop Off Box: Main Level (next to Recreation Specialist's office),

Dr. Charles L. LeGrow Health Centre



Western
Health

Our Vision

Our People, Our Communities - Healthy Together

 www.westernhealth.nl.ca

Making Memories



Offering the chance for a resident's wish to come true!



Western
Health

Making Memories...

The Making Memories project seeks to improve the lives of residents living in Western Health's Long Term Care homes by granting them a special wish. Each resident, family member, employee or volunteer can request a wish for a resident. The beauty of this project is that it can be customized to the unique needs or desires of each resident.

The Making Memories committee is a supportive regional group and a resource to ensure wishes are carried out in regional sites. The committee will meet on a regular basis to review submissions. A priority list will be developed of approved wishes and official communication will be provided to all parties involved. Approved wishes will be followed up at the respective sites for granting purposes.

We invite you to submit a wish to provide you with a special moment in time.

Making Memories Guidelines

- All wish requests will be reviewed by the Making Memories committee.
- All wish applications must have resident or designate consent.
- One wish request may be made per resident. If the Making Memories committee is unable to accommodate a wish, a second wish may be submitted.
- Wish applications will be directed to one of the 3 Recreation Specialists within Western Health (see back page).
- All wish requests received will be acknowledged, in writing, to either the resident or their designate. The day the wish is granted, a formal certificate will be awarded.

Resident Selection and Criteria

- Eligible residents need to be living in a Western Region Long Term Care Home or the Protective Community Residences.
- Wishes must not compromise a resident's safety at any point.
- Wishes should be appropriate for the resident's age/abilities.

Application Form (send via email, fax or drop off)

Resident's First and Last Name

Western Health Site Name/Location

Room Number

Submitted By (Your Relationship to Resident)

Your Home Phone Number

Your Cell Phone Number

Date Sent

Date Received

RDS Initials

Wish Details

Selection Process

All applications received will be reviewed in a timely manner. Once your application (above) is complete, please email, fax or drop off to one of the contacts listed on next page.