

NAMING THE NEW ADULT MENTAL HEALTH AND ADDICTIONS FACILITY

Submission Form



Your Name:

Telephone Number:

Email Address:

Suggested Name of Facility:

Word Origin and Definition (if applicable):

Describe how your suggestion represents the positive care environment, hope and recovery, reduces stigma, is focused on mental wellness, and pays tribute to the history of the Waterford Hospital. You can also submit an attachment.

Completed forms should be submitted no later than Friday, September 30, 2022

via **Email:** NAMHAF@easternhealth.ca