

ZULULAND HOMES FOR THE AGED.

APPLICATION FOR ADMISSION

NOTE – All questions must be answered in full. The information given will be treated confidentially.

**To the Secretary
Zululand Homes for the Aged
P.O. Box 13 Eshowe 3815**

I hereby apply for permission to become a resident in the Homes at an inclusive tariff to live communally.

1. Full name.....
2. Postal Address.....
3. Where now resident.....
4. Date of Birth.....
5. I.D. Number (attach certified copy).....
6. Birthplace.....
7. Nationality.....
8. Marital Status.....
9. If married, state spouses name.....
10. Spouses I.D. Number.....
11. Medical Aid and Number.....
12. Names, addresses and telephone numbers of children
.....
.....
.....
.....
13. What amounts do you children contribute to your support
.....
.....
.....
14. Give the names and addresses of two relatives or friends
.....
.....
.....
15. Denomination.....
16. Do you have a funeral policy?.....
17. I the undersigned.....

Signature of applicant Date Witnesses Witnesses

Zululand Homes for the Aged
DECLARATION OF INCOME

NAME:.....

I.D. Number.....

Date of Admission.....

Income from pension

Type	Amount

Other Income (Rentals, Properties, Annuities, Shares etc.)

Type	Amount

Income from family support

Type	Amount

Zululand Homes for the Aged

PAYMENT DETAILS

Payments are in advance: on or before the 7th of each month

BANKING DETAILS:

Standard Bank Eshowe

Account number **060247800**
Branch Code **057630**
Name of Account: **Zululand Homes for the Aged**

Payments by Bank Stop Order, Internet Banking or Cheque; please ensure that there is a reference (e.g. resident's name) with the payment.

MONTHLY TARIFFS:

SURCHARGE

Moderate Care:	R5403.00 + R75.00 =	R5478.00
Maximum Care:	R6736.00 + R75.00 =	R6811.00
Single Occupying Double Room:Frail	R10101.00 + R75.00 =	R10176.00
Single Flat:1 person	R6094.00 + R75.00 =	R6169.00
Double Flat:2 People	R10806.00 +R150.00 =	R10956.00

ADMISSION TO A HOME FOR THE AGED

ANNEXURE "A"

1. Full Name..... Age.....
2. Complaints of Applicant (History, symptoms and previous treatment. Also state hospital where treated.....
.....
3. General Examination:
 - a) General Physical & Nutritional State.....
 - b) Respiratory system.....
 - c) (i) Cardiovascular System.....
(ii) Blood Pressure.....
(To be taken in all cases)
 - d) Genito-urinary system (Urine to be tested in all cases).....
.....
 - e) Digestive and other abdominal systems.....
.....
 - f) Muscular and skeletal system (State defects).....
.....
 - g) (i) Central Nervous system (in epilepsy state particular type, severity, frequency of attacks and response to treatment).....
.....
(ii) Mental condition (including mental deficiency): state in particular type of defect and mental age, if possible and whether institutional care is advisable:.....
.....

- (iii) Has applicant ever received in-patient or outpatient treatment for any psychiatric disorder? (If so please specify.....

 h) Is applicant free from infectious and contagious diseases?.....
 (i) Any other condition not included in the classification above? E.g. alcohol abuse
 etc.....
4. Is applicant permanently bedridden?.....
 5. Is applicant without self-control?.....
 6. Can applicant be satisfactorily cared for by an unqualified attendant?.....
 7. Does applicant require constant and prolonged assistance regarding mobility,
 dressing and un-dressing, feeding and personal hygiene?.....
 8. Will further medical/surgical treatment improve or cure disabilities described above?
 If so, state clearly what treatment is recommended.....

 9. Present medication.....
 10. Any further medication?.....
 11. General remarks.....

.....
MEDICAL PRACTITIONER

.....
PLACE

.....
DATE

ZULULAND HOMES FOR THE AGED.

RULES AND REGULATIONS FOR ADMISSION OF RESIDENTS TO THE ZULULAND HOMES FOR THE AGED.

NO NEW RESIDENT WILL BE ADMITTED PRIOR TO COMPLETING ALL THE FORMS PERTAINING TO ADMISSION AND SIGNING THE RULES AND REGULATIONS OF THE HOME.

1. Rents are payable in advance before the 7th of each month. Payments to be made by Bank Stop Order or Internet Banking/direct deposit.
2. It is essential, especially in the case of frail residents, that a family member or an authorised person be appointed to handle the resident's financial affairs by way of General Power of Attorney, should this become necessary.
3. Residents are advised not to keep money on their persons. A petty cash system is available in the administrative office.
4. Incontinent garments will be charged to each frail resident at a minimal cost which will be reflected on the monthly statement of account.
5. One month's written notice is required of intended termination of occupancy. In the case of death, a pro rata amount will be charged if the death occurs before the 15th of the month, on or after the 15th a full month's rent will be charged.
6. Should it become necessary to transfer a resident from Moderate Care to frail care, this will be done after assessment by the Sister-in-Charge. The cost for accommodation will go up accordingly and should the resident be unable to afford the increase, family members will be required to assist financially.
7. Residents to abide by the rules of the Home.
8. All medication must be handed in to the Sister-in-Charge. All requests to see a Medical Practitioner must be done through the Sister-in-Charge and should there be any change in medication the Sister-in-Charge must be informed.
9. Resident to vacate accommodation if requested to do so by the Committee or Sister-in-Charge.
10. Rooms to be kept tidy and free from any un-necessary clutter. The resident shall be liable for all damage to any part of the accommodation caused by any act, omission or neglect. Residents may redecorate the accommodation at their own expense, the Committee, will provide an acceptable specification and list of approved contractors, once written permission, has been granted.
11. Neither the resident nor any other person shall mark, paint, drive nails, use any kind of press and stick (or like substance) nor affix screws nor hooks into or in any way deface or damage walls, doors, floors or any part of the accommodation. Nor shall the resident, without the Committee's written consent, cause walls to be plugged or any fixtures of a permanent nature to be affixed to the unit.
12. Any alteration or fixed improvement, e.g. T.V. aerials, satellite dishes, cupboards, air conditioners etc. done by the resident with the permission of the Committee, hereby waives and abandons all rights and ownership, in favour of the Committee.
13. No obstructive matter to be deposited into washbasin, bath or flushed down the toilet. Any drain blockage or plumbing repairs necessitated through negligence or fault of the resident shall be for the resident's account.

14. No cooking or heating appliances are permitted (this includes, **microwave ovens**, washing machines, tumble driers, toasters etc), except for oil heaters, switch of kettles which must meet the approval of the Sister-in-Charge. In the event of a faulty electrical appliance causing electrical problems or power failures in the home, the cost of any call-out to remedy such faults, will be for the account of the resident.
15. No animals, birds or reptiles are permitted on the property.
16. The Committee, Sister-in-Charge reserves the right to inspect any room or flat at any reasonable time.
17. Residents are requested to keep the grounds surrounding the home free from litter.
18. Residents and visitors are to conduct themselves in an orderly manner so as not to obstruct, annoy or interfere with the rights of peaceful occupation of any other resident. In particular the volume of radios, television sets and music centres are to be kept at a level where they are not audible beyond the accommodation. Please note that between the hours of 1.00pm and 2.30pm residents are requested to observe this as "quiet/rest time".
19. Residents to accept all decisions made by the Committee and or the Sister-in-Charge, in all matters, as final.
20. No resident is permitted to possess a firearm.
21. No dangerous, inflammable or explosive substances shall be stored on the accommodation or in any garages.
22. The use of candles, including perfumed/scented candles, is strictly prohibited. It is advisable that each resident purchase a torch to use in the event of a power failure. The home provides you with an emergency LED lamp, batteries for these must be for the residents account.
23. All clothing to be clearly marked before admission to the home. The Committee/Sister-in-Charge does not accept responsibility for any damage to clothes of residents from whatsoever cause.
24. All laundry must be sent to the laundry and may not be done in the accommodation.
25. Telephones are permitted in Poynton Lodge but not in Ivanlee Frail Care, all installations of telephones has to be authorised by the Chairman or the committee. The resident shall be responsible for costs incurred in the event of being transferred to another room.
26. Welfare/transportation of a resident to hospital/doctor shall be the responsibility of relatives.
27. The resident agrees to indemnify and absolve the Trustees, Committee and or any person in their employ against any damage or injury suffered, which may be directly or indirectly attributable to any defect, obstacle or irregularity in the grounds or any defect or condition in the buildings or equipment and to waive all claims which the resident may have, by reason of such damage or injury.
28. The resident shall be responsible for the insurance of their personal property.
29. Whilst Self Care residents are permitted to have private motor vehicles, which are entirely their responsibility, this is discouraged. No resident is entitled to transport other resident/staff.

Signed by the resident/guardian at on this

Day.....of20..

SIGNATURE OF RESIDENT/GUARDIAN

As witnessed:

1. _____

2. _____

Signed by the Chairman/Secretary at..... on.....

this.....day of.....20...

FOR ZULULAND HOMES FOR THE AGED

As witnessed:

1. _____

2. _____

SURETYSHIP

I, the undersigned

Hereby bind myself in favour of the Zululand Homes for the Aged
("The Creditor") and its successors entitle as Surety for the co-principal debtor with

(The resident) for payment of all monies which the resident may from time to time owe the
said Home.

Dated at..... This..... Day of200

SIGNATURE APPLICANT / NEXT OF

KIN

1 _____
WITNESS

2 _____
WITNESS