KENNERSLEY PARK

Leisure Homes for Senior Citizens

APPLICATION FORMS

Please submit the following documentation on Application:

- ☐ Signed Application for Admission letter
- ☐ Signed and completed Application Form
- ☐ Completed Medical Report (Annexure A)
- ☐ Completed Income Declaration (Annexure B)
- ☐ Copy of Identification Document of Applicant
- ☐ Copy of Identification Document of person signing the Undertaking of Next-of-Kin

Please be advised the following documentation will be requested before Admission process can take place (only on acceptance of a room offered):

- ☐ Original proof of Residence of person signing the Undertaking of Next-of-Kin and Surety if different (no older than 3 months)
- ☐ Identification Document of Surety if different of person signing the Undertaking of Next-of-Kin
- ☐ Please provide original proof of banking details (no older than 1 month) of the intended account the debit order for the accommodation fees will be taken off.
- ☐ 3 months detailed bank statements of the Applicant.

The following documentation to be signed before Admission:

- ☐ Care Home General Rules and Regulations
- ☐ Agreement of Admission
- ☐ Indemnity - Transport Form
- ☐ Surety Form
- ☐ Debit Order Form
- ☐ Payment of non-refundable Admission Fee R747.50

For Administration Office only:

RESIDENT NAME…….

DATE OF APPLICATION……

- ☐ Application Complete……CHECKED BY……..

ROOM ALLOCATION……..……DATE OF ADMISSION…….……..

- ☐ Accounts Department
- ☐ Screening Certificate
- ☐ Admission Control
- ☐ Kitchen Notification
- ☐ WhatsApp Group

NOTES……..

KENNERSLEY PARK

Leisure Homes for Senior Citizens

APPLICANT NAME…….

ATT: To Whom It May Concern

RE: APPLICATION FOR ADMISSION

In view of the fact that we receive many enquiries for admission to our Home for persons who, through loss of memory or advanced infirmity are unable to complete and sign the required application form, we have to advise that we are prepared to consider and grant admission in certain special circumstances provided the application is completed by the next-of-kin and signed in front of a Commission of Oaths attesting to the best of his/her knowledge, the information given is true and correct in every detail, and furthermore the next-of-kin undertakes:

1. That the Rules and Regulations for admission to the applicable Home are accepted and that the Company has the right to invoke some or all of the conditions should the occasion arise, and furthermore, that in such an event the signatory will remove the applicant from the applicable Home should the company so require.

2. To accept or appoint a Surety for full and legal responsibility for the accommodation fees (including any increases that may be charged from time to time) during the applicant's residence, and all costs involved in the funeral arrangements of the applicant and to instruct as to the funeral arrangements within twelve hours of the death of the applicant.

3. To attend to all matters relating to the estate of the applicant after death.

I, the undersigned, on behalf of the applicant, do accept all the terms and conditions as set out above.

THUS, DONE AND SIGNED In the presence of the undersigned witnesses.

…….……..... NEXT-OF-KIN
NAME:
DATE:

…….……..... WITNESS

…….……..... WITNESS

KENNERSLEY PARK

Leisure Homes for Senior Citizens

APPLICATION FORM

In respect of an applicant seeking admission to Kennersley Park subsidised home for the aged in the East London area. Please indicate type of room preference in numerical order:

- ☐ Sharing / Double Room……..……..……
- ☐ Single Room……..……..……..
- ☐ Bedsitter……...……..……...

IMPORTANT NOTICE TO ALL APPLICANTS

Kindly read the attached application forms very carefully before completing.

1. ALL questions must be answered in detail. Incomplete forms cannot be considered.
2. Husband and wife must complete separate forms, but a joint Income and Expenditure form.
3. "The Statement of Income and Expenditure" (Annexure B) must state monthly income, not annual. These Statements must be signed by a Financial Institution of your choice, and in front of a Commissioner of Oaths. Any expenditure of a continuous nature must be supported by documentary proof attached to the form.
4. 'Undertaking of Next-of-Kin' must be signed by a family member or the holder of 'General Power of Attorney' in order to have your application considered.
5. "Medical Report" (Annexure A) must be completed by your Medical Practitioner in as much detail as possible and must accompany your application.
6. Do you consider your application as urgent?

- ☐ Yes
- ☐ No

If yes, please give reasons:

……

……

Once the form has been completed, please phone Kennersley Park, to make an appointment to see the Nursing Manager.

Should you have any difficulty in understanding or completing this application, please contact the Home of your choice for clarification.

IMPORTANT: *Applications will not be considered unless every question is answered in full.*

DETAILS OF APPLICANT

1. SURNAME …… …… TELEPHONE ……..……..

2. FIRST NAMES …….

3. PRESENT ADDRESS ……..……

……... CODE ……..……..

4. DATE OF BIRTH …… MARITAL STATUS …….

5. IDENTITY NO …… PREV. OCCUPATION ……...…….……...…

6. NATIONALITY ……..... HOME LANGUAGE…….……

7. RELIGIOUS DENOMINATION ……..…..……..……..……

CHURCH …….……

MINISTER ……..……. TELEPHONE ……..……..…

8. MEDICAL: (Medical certificate to be completed by Medical Practitioner)

NAME AND ADDRESS OF YOUR MEDICAL ATTENDANT……..…….….

…….……..……
(Applicants who attend Out-patients must complete the following question so that the Home concerned will know which doctor to call in the event of an after-hours emergency)

FRERE HOSPITAL FOLDER NUMBER ……..……..
PRIVATE CHEMIST'S NAME ……..…….
MEDICAL AID SOCIETY ……..…….
MEDICAL AID NUMBER ……..……

9. PERSONAL FINANCIAL INFORMATION (See attached Annexure B)

10. In the event of an emergency/change in medical condition/death, please furnish the names of two contactable persons:

10.1. ……..... CELL PHONE ……...
HOME PHONE ……
WORK PHONE ……

10.2. ……..... CELL PHONE ……...
HOME PHONE ……
WORK PHONE ……

IT IS UNDERSTOOD THAT THE ABOVE-MENTIONED PERSONS WILL CONTACT ALL OTHER FAMILY MEMBERS.

11. DETAILS OF NEXT-OF-KIN:
Names and addresses of all immediate next-of-kin and their spouses are required, as well as their occupations and contact telephone numbers.

11.1. NAME …….....

SPOUSE NAME ……..…….....

ADDRESS……..…

……..... PHONE (HOME)……

CELL NUMBER……..... CELL NUMBER SPOUSE ……....

PHONE (WORK)…….. PHONE (WORK) SPOUSE …..……..

EMAIL…….…….…….... EMAIL SPOUSE ……..

OCCUPATION…….. OCCUPATION SPOUSE ……

RELATIONSHIP…….....

11.2. NAME …….....

SPOUSE NAME …….....

ADDRESS……..…

……..... PHONE (HOME)……

CELL NUMBER……..... CELL NUMBER SPOUSE ……....

PHONE (WORK)…….. PHONE (WORK) SPOUSE …..……..

EMAIL…….…….…….... EMAIL SPOUSE ……..

OCCUPATION…….. OCCUPATION SPOUSE ……

RELATIONSHIP…….....

11.3. NAME …….....

SPOUSE NAME ……..…….....

ADDRESS……..…

……..... PHONE (HOME)……

CELL NUMBER……..... CELL NUMBER SPOUSE ……....

PHONE (WORK)…….. PHONE (WORK) SPOUSE …..……..

EMAIL…….……..... EMAIL SPOUSE ……..

OCCUPATION…….. OCCUPATION SPOUSE ……

RELATIONSHIP…….....

12. NAME AND ADDRESS OF YOUR LEGAL ADVISOR …..…….…… ……..

……..……..……

13. WHERE IS YOUR ORIGINAL WILL LODGED? ……..…

14. POWER OF ATTORNEY...……..
(It is a condition of admission that, in the event of you not being able to conduct your own affairs, your Power of Attorney is held by your financial institution, lawyer, or next-of-kin).

15. DO YOU HAVE A FUNERAL POLICY? .....…….……
(If no policy, which Undertakers must be contacted?)

16. FIRM OF UNDERTAKERS ……..……
In the event of your death and not having a funeral policy, please state name and address of person responsible for any debts incurred:

NAME ……..……..……...

ADDRESS ……..……..……...

……..……..
SIGNATURE OF PERSON RESPONSIBLE FOR ANY DEBTS INCURRED
DATE:

17. I submit the application to the above Home, and once admitted, undertake to comply with the "Rules and Regulations" in operation for the time being, and such alterations as may be made to such rules from time to time. I acknowledge receipt of a copy of the "Rules and Regulations" in operation as at the date of signing this agreement.
18. I declare that the information given in both this agreement and in Annexure B relating to my monthly income and assets has been accurately and fully stated.
19. I promise to pay my monthly accommodation fee in advance, before the first day of each calendar month, which shall be assessed by the Home's Management on the basis of my income and assets as stated in Annexure B, updated annually, and agree to any variation of this charge necessitated by special nursing, other attention, increased income, or any other reason whatsoever.
20. I undertake to disclose to the Home's Management any change in my income or my assets immediately the change occurs, and to accept and pay such higher charges as may be determined by the Association.

21. I further undertake that if it becomes apparent that I have any income or assets not disclosed in this form or "Statement of Income and Expenditure" Annexure B, or acquire income or assets in the future without declaring same, I will pay, or authorise my Estate to pay, the full economic rate of board and lodging for the period of my residence. *(Income from assets disclosed in my Estate shall be assessed at 10% in calculating the board and lodging payable by me for the period of my residence).*
22. I consent to the Home, if it so desires, drawing my monthly pension, and for this purpose shall sign a Special Power of Attorney, which will be irrevocable whilst I am resident in the Home and will be acted upon at the sole discretion of the Home's Management.

23. I also note and agree that:
23.1. The Home cannot accept any responsibility for any personal possessions, jewellery, documents, appliances, etc. brought into the Home by the residents, or for any injury sustained by a resident.
23.2. Should the necessity arise for an urgent emergency operation on me, and my next-of-kin is not available, the Matron shall furnish the consent required by the hospital.

24. How long have you lived in East London or District?.....……

25. Have you ever been resident in this or any other institution for aged or infirm?
☐ Yes
☐ No

If yes, please give name of institution, date, and reason for leaving ……...…….

……..…

……..

26. Due to the present submission formula, relatives will be required to meet the shortfall between the subsidy received and the cost of accommodation, on a monthly basis.

PLEASE NOTE: Transfer from one subsidised Home to another is NOT possible.

……..……..... ……..…….....
DATE SIGNATURE OF APPLICANT

This form has been signed in my presence and the applicant has declared the foregoing statements to be true and correct.

……..……..... ……..…….....
DATE MAGISTRATE/COMMISSIONER OF OATHS/ MINISTER OF RELIGION

UNDERTAKING BY NEXT-OF-KIN

I (FULL NAME) ……...IDENTITY NUMBER……..…….....

of (ADDRESS) ….……...……..……...

being the ….……..……..…

of the applicant, do hereby contract and undertake to remove the said …...……..

…….……
from Leisure Homes for Senior Citizens t/a Kennersley Park
within a period of 14 (fourteen) days from the date of the request made by the Association if the Association deems such action necessary.

……..……..... ……..…….....
DATE SIGNATURE

ANNEXURE A

MEDICAL REPORT

MEDICAL REPORT TO BE COMPLETED BY YOUR MEDICAL PRACTITIONER IN RESPECT OF AN APPLICATION OF AN APPLICATION FOR ADMISSION TO AN OLD AGE HOME.

Please complete all sections of this form. The information is required to facilitate nursing and administrative arrangements. Unfavourable replies will not exclude the applicant from admission.

1. NAME .....

2. DATE OF BIRTH …… AGE .....

3. APPLICANT'S HEALTH STATUS (DIAGNOSIS).....

.....

.....

……

4. ALLERGIES.....

.....

.....

5. PRESENT MEDICATION AND DOSAGE …….....

.....

.....

.....

.....

6. OTHER TREATMENT REQUIRED .....

.....

.....

7. GENERAL PHYSICAL AND NUTRITIONAL STATE ….....

.....

……

……

8. RESPIRATORY SYSTEM P.T.B.....

- ☐ Yes
- ☐ No

MEDICATION .....

9. CARDIOVASULAR SYSTEM .....

.....

10. BLOOD PRESSURE .....

11. GENITO-URINARY SYSTEM INCONTINENCE.....

- ☐ Yes
- ☐ No
- ☐ Partial

- ☐ Urine
- ☐ Stools
- ☐ Both

URINE TO BE TESTED IN ALL CASES …….....

12. DIGESTIVE SYSTEM .....

.....

13. WEIGHT OF PATIENT …….....

14. MUSCULAR AND SKELETAL SYSTEM …….....

.....

15. CENTRAL NERVOUS SYSTEM .....

……

16. EPILEPSY (please state type, severity and frequency of attacks) .....

.....

17. CEREBROVASCULAR ACCIDENT …….....

.....

18. PARKINSON'S DISEASE .....

……

19. MENTAL CONDITION OF PATIENT

- ☐ Normal
- ☐ Memory Loss
- ☐ Senile
- ☐ Confused
- ☐ Aggressive

.....

.....

……

20. IS THE APPLICANT FREE OF ANY INFECTION OR CONTAGIOUS DISEASES?

- ☐ Yes
- ☐ No

If No, please provide full details.....

.....

……

21. VISION

- ☐ Good
- ☐ Fair
- ☐ Blind

22. SPECTACLES

- ☐ Yes
- ☐ No

23. HEARING

- ☐ Good
- ☐ Poor
- ☐ Deaf

24. HEARING AIDS?

- ☐ Yes
- ☐ No

25. IS THE PATIENT BEDRIDDEN?

- ☐ Yes
- ☐ No

If No, is the patient able to walk Independently or with assistance? …….....

……..……..……

……

26. IS THE PATIENT IN NEED OF NURSING CARE?

☐ Yes
☐ No

If No, why does he/she need admission to an Old Age Home? ……..…….....

……..…….

……

If Yes, what care is needed?

☐ Regular
☐ Irregular
☐ Constant

……

……

27. DOES THE APPLICANT REQUIRE ASSISTANCE WITH ANY OF THE FOLLOWING?

DRESSING

☐ Yes
☐ No

DETAILS ……..……..……...

……

……

FEEDING

☐ Yes
☐ No

DETAILS ……..……..

……

……

PERSONAL HYGIENE

☐ Yes
☐ No

DETAILS ……..……..

……

28. HAVE ANY SPECIAL TESTS BEEN CARRIED OUT?

- ☐ Yes
- ☐ No

WHICH TESTS HAVE BEEN DONE? .....

……

……

IMPORTANT: PLEASE ATTACH COPIES OF TESTS RESULTS.

29. HOW LONG HAS THE PATIENT BEEN UNDER YOU CARE? .....

30. DEGREE OF DISABLEMENT

- ☐ Slight
- ☐ Moderate
- ☐ Severe

31. PROGNOSIS……

……

……

……

32. ADDITIONAL REMARKS/MOTIVATION FOR ADMISSION ……..……..

……..……

……..……

……..……

……

……

……

……

MEDICAL PRACTIONER
(PLEASE PRINT)

……..……

SIGNATURE
DATE

……..……

TELEPHONE NUMBER

ADDRESS

……..……

……..……

……..……

ANNEXURE B

STATEMENT OF INCOME AND EXPENDITURE BY RESIDENTS OF HOMES FOR THE AGED AND HOMES FOR THE DISABLED

NAME……..……

A. INCOME

		MONTHLY INCOME	
1. PENSION RECEIVED (TYPE OF PENSION)	**REFRENCE NUMBER WHERE APPLICALBE**	**SELF**	**SPOUSE**
1.1.			
1.2.			
1.3.			
1.4.			
2. ANNUITY FUND (NAME OF FUND)	**REFRENCE NUMBER WHERE APPLICALBE**	**SELF**	**SPOUSE**
2.1.			
2.2.			
2.3.			
2.4.			
3. INCOME FROM TRUST FUNDS AND MAINTENANCE ALLOWANCES (name of fund/person)	**REFRENCE NUMBER WHERE APPLICALBE**	**SELF**	**SPOUSE**
3.1.			
3.2.			
3.3.			
3.4.			
4. SHARES	**REFRENCE NUMBER WHERE APPLICALBE**	**SELF**	**SPOUSE**
4.1.			
4.2.			
4.3.			
5. DIRECTORS FEES (name of company)	**REFRENCE NUMBER WHERE APPLICALBE**	**SELF**	**SPOUSE**
5.1.			
5.2.			
6. CASH INVESTMENTS (specify financial institution)	**AMOUNT**	**SELF**	**SPOUSE**
6.1.			
6.2.			
6.3.			
6.4.			

7. FIXED PROPERTY (e.g. farms, dwellings, etc.)	PRESENT VALUE	SELF	SPOUSE
7.1.			
7.2.			
7.3.			
8. OTHER SOURCES OF INCOME (e.g. Income from business, userfruct - specify)	PRESENT VALUE	SELF	SPOUSE
8.1.			
8.2.			
8.3.			

TOTAL		

B. TOTAL VALUE OF ASSETS SOLD AND DONATIONS MADE OVER THE LAST 5 YEARS (specify)

		AMOUNT / VALUE	
1. ASSETS SOLD	DATE OF SALE	SELF	SPOUSE
1.1.			
1.2.			
1.3.			
1.4.			
1.5.			
1.6.			
1.7.			
2. ASSETS DONATED	DATE OF DONATION	SELF	SPOUSE
2.1.			
2.2.			
3. CASH DONATED	DATE OF DONATION	SELF	SPOUSE
3.1.			
3.2.			

TOTAL		

C. EXPENDITURE OF A CONTINUOUS NATURE (Documentary proof of expenditure must be furnished)

	AMOUNT	
1. SPECIFY (e.g. Medical fund, medical expenses, tax, subscription fees, bond instalments, etc.)	SELF	SPOUSE
1.1.		
1.2.		
1.3.		

TOTAL		

I HEREWITH DECLARE THAT THE INFORMATION FURNISHED BY ME, IS TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

……..…….....
SIGNATURE OF APPLICANT/AUTHORISED PERSON
DATE

1. I CERTIFY THAT BEFORE ADMINISTERING THE OATH/AFFIRMATION I ASKED THE DEPONENT THE FOLLOWING QUESTIONS AND WROTE HIS/HER ANSWERS IN HIS/HER PRESENCE

1.1. Do you know and understand the contents of the declaration?

ANSWER……..

1.2. Do you have any objection in taking the prescribed oath?

ANSWER……..

1.3. Do you consider the prescribed oath to be binding on your conscience?

ANSWER……..

2. I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE / SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION WHICH WAS SWORN TO / AFFIRMED BEFORE ME AND THE DEPONENT'S SIGNATURE / THUMB PRINT / MARK WAS PLACED THEREON IN MY PRESENCE.

……..…….....
COMMISIONER OF OATHS FOR THE
REPUBLIC OF SOUTH ARFICA
DATE:

……..…….....
PLACE:

FOR OFFICIAL USE BY A SCREENING OFFICER OF THE DEPARTMENT OF SOCIAL DEVELOPMENT

	R
GROSS INCOME	
MINUS approved expenditure (specify)	
1.	
2.	
3.	

NET INCOME *** | |

*** The latter amount must be entered on the screening certificate.

INCOME GROUP CODE | |

……..…….....
OFFICER EMPLOYED DY THE DEPT. OF SOCIAL DEVELOPMENT
DATE: