APPLICATION FOR ACCOMMODATION

OUR SOCIAL WORKERS ARE AVAILABLE AT PADCA HEAD OFFICE SHOULD YOU NEED TO DISCUSS PARTICULAR DETAILS OR VARIOUS OPTIONS KINDLY TELEPHONE FOR AN APPOINTMENT

Email: socialwork@padca.co.za
reception@padca.co.za
APPLICATION FOR ADMISSION TO A PADCA HOME

Please read these forms very carefully and complete each section fully. The following are important points that should be studied carefully.

1. **Registration**
   1.1 To cover costs, a non refundable fee of R600 per person will be levied for the registration of application forms for accommodation at Riverside, Sunnyside Park Homes and Kenwyn. Card machine available for payments at Head Office.
   1.2 A certified copy of the applicant’s identity document must accompany this application.

2. **Tariff:**
   PADCA tariffs vary according to facilities and services offered, the detail of which can be obtained during a personal interview or contact with the social work department. PADCA is committed to serving the needs of all people and should you not be able to afford the tariff quoted you, please discuss your circumstances with one of our social workers and complete the statement of income.

3. **Frail Care**
   3.1 Flats/Residential Homes/Kenwyn Residents
   In the event of mental or physical deterioration of a resident, PADCA will deal with such a person sensitively. This may result in a transfer to a frail care centre.
   3.2 Frail Care Residents
   Depending on their situation, a resident could be accommodated in the mid, extremely frail or psycho geriatric care section at the time of admission or may need to be moved to a more appropriate section during the course of their stay. There may be an associated tariff adjustment.

4. **Medical Equipment**
   These may be hired from Riverside Park Home (tel 033 342 7027). Regrettably PADCA will not be able to supply walkers, wheelchairs, commodes and other aids to individual residents. These need to be supplied by the residents or their relatives should they become necessary.

5. **Clothing and Toiletries**
   Residents and their families are responsible for the supply of personal toiletries and adequate and sufficient clothing **properly marked** with the resident’s name. Pocket money is therefore needed for extras.

6. **Social Pensions**
   For ease of administration, state old age pensions/disability grants are required to be transferred to PADCA’s composite voucher.

7. **Notice Period**
   Should a resident wish to vacate the accommodation at any time, one calendar month’s written notice is required.

8. **Liability**
   Whilst PADCA will take every precaution possible on taking up residence in any PADCA home, the resident shall do so entirely at his/her own risk insofar as it concerns any loss, damage or personal injury not covered by any insurance policy taken out by PADCA.

9. **Harmony**
   As you will undoubtedly appreciate, the maintenance of an amicable relationship between residents is of utmost importance if a harmonious lifestyle is to be achieved. Any person whose behaviour disrupts or adversely affects other residents and the ambience we strive to attain, could result in the discharge of such a person.

10. **Furniture**
    This is negotiable between you and the Home Manager.
11. **Parking**
PADCA is unable to provide permanent parking places at Sunnyside Park or Riverside Park Home.

**CHECKLIST OF FORMS TO BE COMPLETED**

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<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
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<td>1</td>
<td>Personal</td>
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<td>Certified copy of ID document</td>
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<td>2</td>
<td>Will information</td>
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<td>3</td>
<td>Funeral arrangements</td>
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<td>4</td>
<td>Medical Aid</td>
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<td>Copy of Medical Aid Card (back &amp; front)</td>
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<td>5</td>
<td>Medical Certificate</td>
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<td>Copy of chronic medication script</td>
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<td>6</td>
<td>Income affidavit</td>
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<td></td>
<td>Bank statements – latest 3 months</td>
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<td>Investment statements</td>
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<td></td>
<td>Proof of deductions</td>
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<td>7</td>
<td>General Power of Attorney/Bank Mandate</td>
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<td>8</td>
<td>Confidentiality Statement</td>
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<tr>
<td>9</td>
<td>Family Responsibility</td>
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</table>
PROCEDURE FOR ADMISSION TO A PADCA HOME

1. **Look around** the facility which you may be considering as a possible accommodation option. An appointment with the Manager of the facility is advisable.

   Should you wish to discuss any aspect of a possible admission or explore alternative options for your particular circumstances, please make an appointment to see one of our Social Workers

   Jo-Anne Stevens-O’Connor – Social Work Manager
   Rose Stradling
   Kim Hellberg

   Tel: 033 345 4711

   Many people find it useful to discuss the process with a Social Worker anyway, so as to best prepare themselves and/or the prospective resident for the major life changes that they will be making.

   If a state subsidy is applicable to your circumstances, it will be necessary to consult with one of the Social Workers who will need to motivate for the subsidy.

2. **Fill in** the appropriate Application forms. Make use of the check list to ensure that you have all the necessary documents.

3. **Hand in** Application forms + R600 registration fee to PADCA, either at the Home concerned or at Head Office, whichever is most convenient. Kenwyn Application forms are to be returned to Kenwyn, 99 Pietermaritz Street. No arrangements for admission are made until the completed admission forms together with the registration fee have been received.

4. **When an appropriate vacancy occurs**, the Social Work Officer will contact you to make an appointment to see you at Head Office, 450 Bulwer Street to facilitate the signing of the contract; to arrange for rent collection and to receive a handout of helpful information. This is essential before an admission can take place.

   **Kenwyn admissions are arranged by the Kenwyn Manager**

5. **A date of admission** will be agreed upon and the resident moves in.
P A D C A

Date issued: ______________________  Social Worker: ____________________________

APPLICATION FOR ADMISSION TO: ____________________________________________

SECTION 1 – PERSONAL

Surname: __________________________  Maiden name: ____________________________

Forenames: ___________________________________________________________  GENDER: ____________

ID Number: __________________________  Date of Birth: _______________________  Age:_______

Present address: ___________________________________________________________

________________________________

Telephone Number: _______________________________________________________

Duration of recent residence in Pmburg: __________________________

Marital Status: ______________________  Religion: ____________________________

Previous Occupation:

Self: ______________________________  Spouse: _______________________________

If married, full name of spouse: ____________________________________________

Address and telephone number of spouse: ___________________________________

________________________________

________________________________

________________________________

Do you have any hobbies or interests: _______________________________________

Number of children:  Sons: __________  Daughters: __________

Next of kin/interested persons: *asterisk person/s who should be contacted in an emergency

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<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Contact details</th>
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<td>Email</td>
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</tbody>
</table>
ESSENTIAL INFORMATION – TO BE COMPLETED IN FULL

SECTION 2 – WILL INFORMATION

Mr/Mrs/Miss __________________________ has completed a Will which is in the safekeeping of:

Name: ________________________________________________________________

Address: ______________________________________________________________

Telephone Number: _____________________________________________________

Name of Executor of Will: ______________________________________________

OR Does the applicant have a ‘Living Will’? If yes, please enclose a copy for record purposes

SECTION 3 – FUNERAL ARRANGEMENTS

Please state name of designated Funeral Home: _____________________________

Policy No. (if applicable) __________________________ Is it fully paid: _____________

Who holds the Policy: __________________________________________ Cremation/Burial: _____________

If you have no policy, please state who is responsible for making funeral arrangements and the cost thereof:

Name: ________________________________________________________________

Address: ______________________________________________________________

Telephone Number: _____________________________________________________

NOTE: Funeral policies are available from a variety of undertakers, such as Doves, Oakleigh or Avbob

SECTION 4 – MEDICAL

Should you not be a Government hospital patient, you must have registered with a local doctor who has agreed to treat you and you must have a chemist/pharmacy account in place.

Name of Doctor: ________________________________

Name of Chemist/Pharmacy: ________________________ Account No. ________________

Do you belong to a Medical Aid Scheme: YES / NO

Name of Scheme: __________________________ Membership No: ______________________

Address: __________________________________________________________________

Telephone Number: ___________________________________________________________________

Do you have a Government hospital card: YES / NO

Hospital: ____________________________ Number: __________________________

I, the undersigned (block letters please) ______________________________________

Acknowledge that I have received, read and understood the contents of the Application for Admission

Signature of applicant __________________________ Date __________
SECTION 5 – MEDICAL CERTIFICATE

To be completed by MEDICAL PRACTITIONER

PATIENT’S FULL NAME: ____________________________________________

AGE: _______ SEX: _______ WEIGHT: _______

1. Serious medical conditions (eg previous coronary or CVA) ________________________________

2. Operations (eg Hysterectomy, hip replacement, heart by-pass) ________________________________

3. Other (eg pacemakers) ____________________________________________

4. General examination:
   4.1 General physical and nutritional state: ________________________________
   4.2 Respiratory system: ________________________________
   4.3 Cardio vascular system: ________________________________
   4.4 Blood pressure: ________________________________
   4.5 Genito-urinary system (Urine to be tested): ________________________________
   4.6 Digestive and other abdominal systems: ________________________________
   4.7 Hernia: ________________________________
   4.8 Muscular and skeletal systems (state defects) ________________________________
   4.9 General nervous system (In epilepsy, state particular type) ________________________________

   Severity, frequency of attacks and response to treatment: ________________________________

   4.10 Mental condition (list any previous psychotic or psycho neurotic episodes with dates if possible): ________________________________
4.11 Skin and special senses: ________________________________

4.12 Circulation-pulses: ________________________________

4.13 Any other condition not included in classification above: ________________________________

5. Is applicant free from infectious and contagious disease (Be as accurate as possible) ________

6. Has the applicant suffered from Tuberculosis in the past? ________________________________
   Is the applicant currently free of Tuberculosis? ________________________________
   If not, are they undergoing treatment? ________________________________

7. Does applicant require regular assistance regarding mobility, dressing and undressing, feeding or personal hygiene:
   ________________________________
   ________________________________
   ________________________________

8. Current medication
   7.1 Chronic medicines – strength and dose: ________________________________
       ________________________________

   7.2 Are medicines private or state: ________________________________

9. Allergies: ________________________________
   ________________________________

10. How long have you known the patient? ________________________________

   Date: ________________________________

(PLEASE NOTE: This medical is only valid for 3 months)

NAME (block letters please) ________________________________

SIGNATURE of MEDICAL OFFICER ________________________________

TEL NO: ________________________________
**SECTION 6 – STATEMENT OF INCOME AND EXPENDITURE**

This form to be accompanied by:
- A current 3 month bank statement
- Investment statements
- Proof of the following deductions – rates, bonds, levies, rents, PAYE tax, medical aid, funeral policies

Name: Mr/Mrs/Ms/other ________________________________

PADCA Home: ___________________________ I.D. No: ________________________________

<table>
<thead>
<tr>
<th>A. INCOME</th>
<th>MONTHLY INCOME</th>
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<tbody>
<tr>
<td></td>
<td>eg - interest, dividends, rent etc</td>
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<tr>
<td></td>
<td>Self</td>
</tr>
<tr>
<td>1. Pension received (type of pension)</td>
<td>Reference number where applicable</td>
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<td>1.1</td>
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<td>2. Annuity (name of fund)</td>
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<tr>
<td>3. Income from Trust Funds &amp; Maintenance allowances (name of fund/person)</td>
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<tr>
<td>4. Shares &amp; where invested</td>
<td>Current market value</td>
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<td>4.1</td>
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<td>4.2</td>
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<tr>
<td>5. Cash/Bond/Unit Trust investments (specify financial institution)</td>
<td>Amount invested</td>
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<tr>
<td>6. Fixed Property (eg farms, dwellings etc) (full description &amp; where situated)</td>
<td>Present value</td>
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<td>7. Other sources of income (give details)</td>
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<td>8.1</td>
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<td>8.2</td>
<td></td>
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<tr>
<td>TOTAL</td>
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</table>
### B. TOTAL VALUE OF ASSETS SOLD AND DONATIONS MADE OVER THE LAST 5 YEARS (Specify)

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Spouse</th>
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<tr>
<td></td>
<td>(Add totals)</td>
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</tr>
</tbody>
</table>

1. **ASSETS SOLD**
   - Date sold
   - Amount received:
   - Amount for which transfer duties were paid:

2. **ASSETS DONATED**
   - Date:
   - Value:

3. **CASH DONATED**
   - Date:
   - Amount:

### C. ALLOWABLE DEDUCTIONS
- Expenditure of continuous nature
- Documentary proof of expenditure must be furnished
- Specify: medical aid, PAYE tax, bonds, rates, funeral policies

1. 
2. 
3. 

**TOTAL**
SWORN STATEMENT

To be completed by Applicant/Resident:

I, __________________________________ of ___________________________

____________________________________ ________ do hereby make oath and state:

1. The particulars on this application form are true and correct
2. I agree to abide by the admission rules
3. I declare that I have no other assets or income other than as set out on the declaration overleaf
4. I undertake to advise PADCA immediately of any changes in my assets and income as declared hereon
5. If, for any reason, it appears that I have acquired, or do acquire any income or assets not disclosed in this form, I undertake (authorise my estate) to pay the full approved economic rent for the period of my residence.

SIGNATURE __________________________ DATE ___________ PLACE ______________________

To be completed on behalf of a resident who is unable to make a sworn statement:

PLEASE NOTE statements 1 to 5 above

I, __________________________________ of ___________________________

____________________________________ ________ do hereby make oath and state:

I am the __________________________ acting on behalf of __________________________

I have investigated his/her present financial circumstances and am satisfied that his/her sole income is as detailed overleaf.

SIGNATURE __________________________ DATE ___________ PLACE ______________________

I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down his/her answers in his/her presence:

1. Do you know and understand the contents of the declaration? Answer _________
2. Do you have any objections to taking the prescribed oath? Answer _________
3. Do you consider the prescribed oath to be binding on your conscience? Answer _________
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/print was placed thereon in my presence.

OFFICIAL STAMP:

JUSTICE OF THE PEACE/COMMISSIONER OF OATHS

________________________________
DESIGNATION (RANK)

________________________________
PLACE ........................................... DATE: ____________________

FOR OFFICIAL USE:

Gross Income R................................
MINUS approved expenditure: R................................
(Specify)
...........................................
...........................................
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...........................................
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* NETT INCOME R

* The latter must be entered on the Screening Certificate

Income Group Code

...........................................

OFFICIAL SIGNATURE ...........................................

DATE

Department of Welfare

PLEASE RETURN COMPLETED FORM TO:

PADCA

PO Box 397, Pietermaritzburg 3200
SECTION 7 – POWER OF ATTORNEY

It is a precondition on entering a PADCA Home that a resident must officially have provided an updated Bank mandate and legal Power of Attorney to a son/daughter or some other person younger than themselves (in exceptional cases this could be a PADCA social worker). PADCA will require a certified copy of the relevant documentation before admission to a Home can be offered and the matter should therefore receive your immediate attention in order to obviate unnecessary delays.

A General Power of Attorney (GPA) need only be activated in a crisis situation or at the resident’s convenience. The original document can be kept on file at Head Office – if so desired.

Power of Attorney forms can be obtained from CNA or Waltons Stationers.

Name of person with Bank Mandate / Power of Attorney: _______________________________________

It is also essential to nominate a person to make decisions on behalf of / or be informed of the resident’s wellbeing for a time when the resident is no longer able to do so.

Nominee: _____________________________________

SECTION 8 – CONFIDENTIALITY AGREEMENT

Discussions held with Social Workers are considered confidential. However, within the context of placing an elderly person in care, it is necessary for Social Workers to pass on relevant information to professional staff of the Home in question to facilitate appropriate placement and care of the resident.

It is therefore conceded that Social Workers may pass on information discussed in relation to the prospective resident, to professional staff of the Home in question, so as to facilitate appropriate care of the resident.

_______________________________
Signed
_________________________
Relationship to resident
_________________________
Date

SECTION 9 – FAMILY RESPONSIBILITY

It is important that all family members of prospective PADCA residents become aware at an early stage of the high overall cost of care in a frail aged home with the 24 hour nursing service, meals, laundry and many other facilities that are provided. The sole sources of income to meet the cost are rentals payable by the resident (from which VAT is deducted) and State subsidisation in respect of those residents whose incomes fall within a certain limit. In many instances, the total income so derived does not equal the unit cost of a resident’s accommodation and, like other welfare organisations throughout the country, PADCA has no way of providing for the shortfall other than to pass it on to family members.

You should be aware therefore of the fact that a signed undertaking to meet any shortfall between unit cost and income is required from family members, prior to admission of a new resident to a frail aged home. Family members need also to be aware that in many instances it is necessary for them to render financial assistance to a resident for other personal needs such as clothing, medicines, toiletries and the like.

I, ___________________________________________ (full names please) hereby acknowledge having received notice from PADCA to the effect that family members are required to meet any shortfall between the unit cost of accommodation and the total income (net rental plus State subsidy if applicable) derived by PADCA in respect of the resident concerned.

Signed: _____________________________________  Date: ___________________