

002-140 NPO

T: +27 33 345 4711
F: +27 33 345 8374
W: www.padca.co.za
f: www.facebook.com/padca

450 Bulwer Street
P.O. Box 397
Pietermaritzburg
3200
South Africa

**PIETERMARITZBURG & DISTRICT ASSOCIATION
FOR THE CARE OF THE AGED**

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

OUR FACILITIES:



Kenwyn



Woodgrove



Riverside
Park Home



Sunnyside
Park Home



MySchool MyVillage MyPlanet
EVERY SENIOR COUNTS



65
YEARS
in the prime of our life

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

Section 1	Personal	<input type="checkbox"/>
	Certified copy of ID document	<input type="checkbox"/>
Section 2	Will information	<input type="checkbox"/>
Section 3	Funeral arrangements	<input type="checkbox"/>
Section 4	Medical Aid	<input type="checkbox"/>
	Copy of Medical Aid Card (back & front)	<input type="checkbox"/>
Section 5	Medical Certificate	<input type="checkbox"/>
	Copy of chronic medication script	<input type="checkbox"/>
Section 6	Income affidavit	<input type="checkbox"/>
	Bank statements – latest 3 months	<input type="checkbox"/>
	Investment statements	<input type="checkbox"/>
	Proof of deductions	<input type="checkbox"/>
Section 7	General Power of Attorney/Bank Mandate	<input type="checkbox"/>
Section 8	Confidentiality Statement	<input type="checkbox"/>
Section 9	Family Responsibility	<input type="checkbox"/>

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

Name	Relationship	Address	Contact details	
			Tel (H)	
			Tel (H)	
			Tel (W)	
			Cell	
			Email	
			Tel (H)	
			Tel (W)	
			Cell	
			Email	
			Tel (H)	
			Tel (W)	
			Cell	
			Email	

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:

PLEASE NOTE:
This form must be signed by a
Commissioner of Oaths before
submitting

PADCA
Pietermaritzburg & District Council for the Care of the Aged
PO Box 397, Pietermaritzburg 3200

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: _____

A. INCOME			MONTHLY INCOME	
			eg - interest, dividends, rent etc	
			Self	Spouse
1. Pension received (type of pension)	Reference number where applicable			
1.1				
1.2				
1.3				
2. Annuity (name of fund)				
2.1				
2.2				
2.3				
3. Income from Trust Funds & Maintenance allowances (name of fund/person)				
3.1				
3.2				
3.3				
4. Shares & where invested	Current market value			
4.1				
4.2				
4.3				
5. Cash/Bond/Unit Trust investments (specify financial institution)	Amount invested	Interest rate		
5.1				
5.2				
5.3				
6. Fixed Property (eg farms, dwellings etc) (full description & where situated)	Present value			
6.1				
6.2				
7. Other sources of income (give details)				
8.1				
8.2				
TOTAL				

B. TOTAL VALUE OF ASSETS SOLD AND DONATIONS MADE OVER THE LAST 5 YEARS (Specify)		Self	Spouse
		(Add totals)	
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			
<ul style="list-style-type: none"> • 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 and (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
MINUS approved expenditure:

R.....

(Specify)

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

.....

* NETT INCOME

R

* The latter must be entered on the Screening Certificate

Income Group Code

.....
OFFICIAL SIGNATURE
Department of Welfare

.....
DATE

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: _____