CHESHIRE HOME SUMMERSTRAND

APPLICATION FOR ADMISSION

NAME OF APPLICANT

……………………………………………

DATE OF APPLICATION

…………………………………………

DATE OF ADMISSION

…………………………………………

Cheshire Home Summerstrand
NPO No: 008-314, 7 Gomery Avenue, Summerstrand, Gqeberha, 6001 • PBO Pin: DB421F3227, PO Box 13148, Humewood, 6013
Tel (041) 583 2183 **Fax** (041) 583 5348 **Email** managerchs@cheshirehomes.co.za **Website** www.cheshirehomes.co.za
Founder Group Captain Leonard Cheshire VC OM DSO DFC

DOCUMENT CHECKLIST

LIST OF DOCUMENTS – MANDATORY UPON APPLICATION	ATTACHED TO APPLICATION	CHECKED BY CHS ADMIN
Application Document		
Copy of ID Documents – Applicant and Guardian(s) (front and back)		
MEDICAL DOCUMENTS – MANDATORY UPON APPLICATION		
Medical Report from General Practitioner / Specialist		
Medical Aid Details		
Medical Script (If applicable)		
Medical Aid Card copy (front and back)		
FINANCIAL DOCUMENTS – MANDATORY UPON APPLICATION		
Financial Declaration (PART 1)		
Financial Declaration (PART 2)		
Contribution Agreement		
Proof of income and expenditure of applicant / sponsor		
3 months bank statement of applicant / sponsor		
Any proof of pension documentation and SASSA letter		
Details of trusts / investments		
Any other supporting documentation		
OTHER DOCUMENTS – TO BE COMPLETED UPON APPROVAL		
Copy of Will and Living Will (if applicable)		
Indemnity Form		
Information required upon death of resident		
Terms and Conditions		
Home Rules and Guidelines		
Moving In Checklist		
A little more about me		

All sections to be read and completed, where necessary, in full. Applications to be hand delivered or emailed to managerchs@cheshirehomes.co.za

INTRODUCTION

NPO 008 – 314 PBO 1300003629
7 Gomery Avenue, Summerstrand, Port Elizabeth, 6001
041 583 2183 / 083 5000 818
managerchs@cheshirehomes.co.za

Cheshire Home Summerstrand is a member of an international organisation. It is one of 16 residential homes for disabled persons in South Africa. Our Home was opened in 1975 and today has 56 permanent residents and day care residents. It has as one of it's aims the provision of full residential care and services to people with severe permanent **physical disabilities**. The Home also offers independent living opportunities.
The Home always strives to provide quality care, support, and opportunity to disabled persons in the Home and within the mainstream of society.
Admission to a Cheshire Home is by **voluntary application** and **acceptance is fully at the discretion of the Home Management Committee.** The Home is managed to be a **homely** environment where family and friends are important.

Operational and Management Structure

Cheshire Home Summerstrand has a **Home Management Committee and Finance Committee** which is fully responsible for the overseeing management of all aspects of the Home. Volunteers and residents are elected to serve on the Home Management Committee.
Duly appointed staff are responsible for the day-to-day management and operations of the Home. A Home Manager, appointed by the Home Management Committee, is the most senior member of staff. Nursing and Care Givers make up most of the staff contingency.
Residents elect a **Residents' Committee** who play a leading role in Home Management matters.

Home Rules

Home rules are designed to protect the rights of residents, staff, volunteers and Cheshire Home Summerstrand. These rules are reviewed from time to time to ensure they remain relevant. On acceptance, a **"Contract Agreement"** will be drawn up and signed by both parties (Applicant and Home).

Admission Criteria

To be eligible for admission to Cheshire Home Summerstrand the applicant must:

- Be a **physically** disabled person.
- Be between the ages 18 and 55.
- Have **financial support** that is able to afford Fixed Contribution Costs. The full cost for a resident, an amount of **R 8 500** per month, is required. **Proof of financial support is required** as per the mandatory document requirements.
- Be willing to abide by the Home Rules and Regulations.
- The Medical Certificate must be attached to this document (not older than 3 months)

Application Process

1. Complete an application form and submit with all the supporting documents.
2. Application is assessed and reviewed by the Management Committee. Pending all information supplied, referee reports and affordability, a decision will be made. The outcome will be communicated to you via email.
3. Please note that admission can only be considered if the application is approved by all members of the Management Committee and if there is space available. If there is no space, the applicant will be placed on a waiting list.

CHESHIRE HOME SUMMERSTRAND
APPLICATION FOR ADMISSION

APPLICANT DETAILS:

1 Surname: ______________________________

2 Full Names: ______________________________

3 Preferred Name: ______________________________

4 Current Address: ______________________________

____

____

____

5 Current Residence (please indicate by means of a **X**)

- ☐ Own Home
- ☐ Living with family / relatives
- ☐ Boarding Establishment
- ☐ Other (Please specify): ______________________

6 Date of Birth: ______________________________

7 Identity Number: ______________________ (attach clear copy of ID)

8 Gender: ______________________

9 Marital Status: ______________________

10 Number of dependents: ______________________

Name	Age	Address	Tel. No	Place of work and address

11 Home Language: ______________________

12 Religion: ______________________

13 Education and Schooling:

Highest level attained ______________________

Name of school / institution ______________________

14 Occupation:

Present Occupation ______________________________ Employer: _________________________________

15 Parent Details

FATHER'S DETAILS	
Fathers Full Name	
Date of Birth	
Identity Number	
Home Address	
Contact Numbers (Please provide 2 numbers)	
Email Address	
Name of Employer	
Employer's Address	
Employers Telephone Number	
MOTHER'S DETAILS	
Mothers Full Name	
Date of Birth	
Identity Number	
Home Address	
Contact Numbers (Please provide 2 numbers)	
Email Address	
Name of Employer	
Employer's Address	
Employers Telephone Number	
SIBLING DETAILS (1)	
Sibling's Full Name	
Date of Birth	
Identity Number	
Home Address	
Contact Numbers (Please provide 2 numbers)	
Email Address	
Name of Employer	
Employer's Address	
Employers Telephone Number	
SIBLING DETAILS (2)	
Sibling's Full Name	
Date of Birth	
Identity Number	
Home Address	
Contact Numbers (Please provide 2 numbers)	
Email Address	
Name of Employer	
Employer's Address	
Employers Telephone Number	

16 Particulars of other family and friends (at least 2 must be provided):

CONTACT NUMBER 1	
Name and Surname	
Address	
Relationship to Resident	
Phone Numbers (please provide 2 numbers)	
Email address	
CONTACT NUMBER 2	
Name and Surname	
Address	
Relationship to Resident	
Phone Numbers (please provide 2 numbers)	
Email address	

17 Motivation for Admission

State briefly why you are seeking admittance to Cheshire Home Summerstrand.

____

____

____

____

____

____

18 Have you applied for admission to another home and if so, when: ____________________

Name of Establishment	Address	Status of Application

19 Have you been a resident at another establishment? If so, please give details:

Name of Establishment	Address	Dates	Reason for leaving

20 Declaration

To be made by applicant seeking admission to Cheshire Home Summerstrand.

"I hereby declare that, to the best of my knowledge, the particulars furnished in this application form are **true and correct.** I have read the guidelines and understand that I shall be expected to participate fully, to the best of my ability, in various activities and opportunities offered by the Home. I undertake furthermore to **abide by the rules and standards** that have been determined by Cheshire Home Summerstrand".

Signature of Applicant: ____________________________ Date: _____________________

Signature of Guardian / Parent: ____________________________ Date: _____________________

Signature of Witness: _____________________________ Date: _____________________

CHESHIRE HOME SUMMERSTRAND

MEDICAL REPORT

Please note:

- This section is to be completed by the applicant's Medical Practitioner (Must have a Practise Number)
- The Doctor is requested to acquaint him/herself with the requirements for admission to Cheshire Home Summerstrand to so ensure the applicant is a suitable candidate.

Admission criteria

1 Cheshire Home Summerstrand accommodates adults with a **physical disability.**
2 The following conditions are **excluded**:
   - persons requiring permanent hospitalisation who are chronically sick.
   - persons suffering from infectious diseases.
   - persons with a **mental disability.**
   - persons under 18 and over 55 years of age;
3 The applicant is responsible for any costs relating to the completion of this report.

REPORT

1 **Name of Applicant**: ____

2 **Diagnosis:**
(a) Full details of condition causing disability (history and symptoms)

____

____

____

____

(b) Any other condition:

____

____

3 **Date of Diagnosis:** ____

Diagnosing Doctor: ____

4 **Present treatment** (please specify name of practice/hospital/practitioner eg physio, OT….)

____

____

5 **Please tick applicable answers:**

MOBILITY	Can do it unassisted	Needs Assistance and Supervision	Bedridden or totally immobile
MAKING BED	Can do it unassisted	Needs assistance or supervision	Must be done by a carer
WASHING HANDS/FACE	Can do it unassisted	Needs assistance or supervision	Must be done by a carer
BATHING	Can do it unassisted	Needs assistance or supervision	Must be done by a carer
SHAVING / COMBING	Can do it unassisted	Needs assistance or supervision	Must be done by a carer

HAIR			
EATING	Can feed unassisted	Needs assistance or supervision	Must be fed by a carer
DRESSING	Can feed unassisted	Needs assistance or supervision	Must be assisted by a carer

6 Please tick applicable answers:

EYESIGHT	Good	Fair	Weak	Sight Impaired
HEARING	Good	Fair	Weak	Hearing Impaired
MEMORY	Normal	Forgetful	Poor	Short term loss **OR** long-term loss
MENTAL AWARENESS	Normal	Sometimes Confused	Confused, psychotic episodes	Disruptive
COMPREHENSION	Normal	Weak	Minimal	
FITS / SEIZURES	None	Light Fits / Epilepsy / Dizzy Spells	Serious Fits and/or Seizures	
INCONTINENCE	None	Partly Incontinent	Incontinent	

7 Does the Applicant:

7.1 Have any current wounds / lesions: ______________________________

7.2 Previous wounds / lesions: ______________________________

7.3 Previous operations and date: ______________________________

____

8 Allergies:

If yes, please specify:

____

9 General Examination

(a) General; physical and nutritional state

____

(b) Respiratory System

____

(c) Cardiovascular System

____

(d) Blood Pressure (to be taken)

____

(e) Genito-Urinary System (urine to be tested)

____

(f) Digestive and other Abdominal Systems

____

(g) Is applicant free from infectious and contagious diseases?

____

(h) **Mental Condition** (Particular reference must here be made to any mental disability / psychiatric disorder or emotional disorders arising from the physical disability)

____

____

____

(i) **Bowel and Bladder Control**

- Normal

Use of Catheter

- Other Urinary Device ____

  Reason for Urinary Device____

Special Bowel Movement

- Colostomy Bag ____

  Reason for Colostomy Bag ____

- **Peg Tube** for Feeding____

  Date inserted and Reason____

10 Mobility

Mobility	Select	Comment
Moves without appliances		
Electric wheelchair		
Manual Wheelchair		
Walker		
Crutches		
Other:		
Does Private Physio /OT		
Contact number of Physio/OT		
Frequency of private physio/OT		

11 List of Current Prescribed and 'Over The Counter' (Regular) Medication being taken:

No.	Medication	Dosage am	Dosage pm	Dosage Other times
1				
2				
3				
4				

5				
6				
7				
8				
9				
10				

12 General Remarks

____

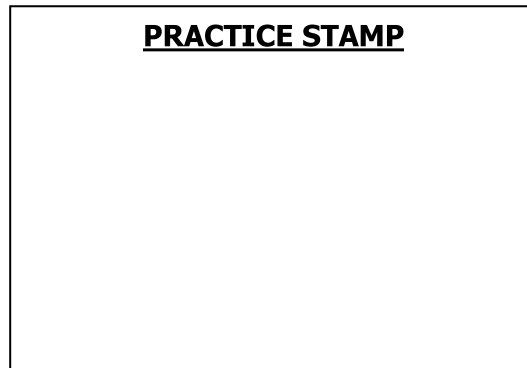
____

____

Name of Medical Practitioner: _________________________ **Place**: _______________________

Practice Number: ____________________________________ **Contact Number**_______________

Signature: ____ **Date:** _______________________



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MEDICAL AID DETAILS

NAME OF APPLICANT: ____

I ____(Parent / Guardian)

hereby confirm that ___________________________ **is / is not** on a medical aid.

If applicable, please complete the following information:

Medical Aid: ______________________________________

Plan: ______________________________________

Med Aid No: ______________________________________

Dependant Code: ______________________________________

Preferred GP in Gqeberha: ______________________________________

Contact No of GP: ______________________________________

Preferred Pharmacy in Gqeberha: ______________________________________

Contact No of Pharmacy: ______________________________________

Nappy & Consumable Supplier: ______________________________________

Contact Number of Supplier: ______________________________________

Any Other Preferred Specialists: ______________________________________

____

Ambulance (if applicable): ______________________________________

I hereby acknowledge that all private medical costs and levies are payable by myself, and that Cheshire Home Summerstrand **will not be** held liable for any medical aid / medical / private costs and expenses incurred by _________________________.

In the event of no private medical aid, State Clinics and Hospitals will be used for doctor visits and the issue of medicine. No medical aid covered resident will be allowed to receive treatment from a Government Medical Facility. Only the residents who are on a Hospital Plan may receive their prescribed medication from the Government Medical Facility/State Hospital.

I understand that ____________________________ may be asked to undergo a full spectrum drug test randomly, as and when considered necessary by Management.

A copy of the medical aid card (front and back), if applicable, to accompany this application form.

I ____ have read and agree to abide by the terms and conditions as set out in this document.

Signed at ______________________________________ in the presence of the undersigned witnesses on the __________ day of

_______________ 20______.

Signed (Parent/Guardian): __________________________________ Date: ______________________

Signed (Witness): _____________________________________ Date: _______________________

Signed (Witness): _____________________________________ Date: _______________________

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FINANCIAL DECLARATION (PART 1)

Name of Applicant: ____

Parent / Guardian: ____

Details of 1st person responsible for account:

FULL NAMES	
IDENTITY NUMBER	
HOME ADDRESS	
WORK ADDRESS	
CONTACT NUMBERS (SUPPLY 2 NUMBERS)	
EMAIL ADDRESS	

Details of 2nd person responsible for account:

FULL NAMES	
IDENTITY NUMBER	
HOME ADDRESS	
WORK ADDRESS	
CONTACT NUMBERS (SUPPLY 2 NUMBERS)	
EMAIL ADDRESS	

If the resident is a beneficiary of a trust, please provide the following information:

NAME OF TRUST	
NAMES OF TRUSTEES	
TRUST NUMBER	
NAME OF FINANCIAL INSTUTUTION WHERE TRUST IS LODGED / ADMINISTERED	

Please furnish detailed information as to how the resident will be funded on the passing of the parent / guardian:

____

____

____

____

Present monthly income of applicant, as follows:

1. Disability Grant R__________________ Grant Number: _________________________________
2. Civil/WCA Pension R__________________
3. Int on investments R__________________
4. Rental from property R__________________
5. Other income R__________________ please specify ____

(Please attach copy of state pension registration)

I ____hereby declare the above information is correct and that the documentation enclosed is up to date, true and factual.

I ____ have read and agree to abide by the terms and conditions as set out in this document.

Signed at _____________________________________ in the presence of the undersigned witnesses on the _________ day of

_______________ 20______.

Signed: ____ (Parent / Guardian)

Witness: ____ Name of Witness: _______________________________

Witness: ____ Name of Witness: _______________________________

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FINANCIAL DECLARATION (PART 2)

CHESHIRE HOME SUMMERSTRAND		**PLEASE SELECT ONE OF THE FOLLOWING:**	
Nedbank			
Branch: Govan Mbeki		Debit Order	
Branch Number: 121 217		Stop Order	
Account Number: 1212 03 22 33		Direct Deposit	
Cheque Account		EFT	

We, ____(1st person), and

____ (2nd person), hereby accept and agree to the payment of the Fixed Contribution Cost of Cheshire Home Summerstrand, which is **R 8 500.00** per month for the year of 2024. The Board of Management reserves the right to determine the accommodation fee for the Residents and reserves the right to increase the Fixed Contribution Costs, should it be deemed necessary.

Signed at ___________________________ in the presence of the following undersigned witnesses on the ____________ day of

___________________ 20______.

Signed: ______________________________________ (Parent / Guardian) – 1st Person

Signed: ______________________________________ (Parent / Guardian) – 2nd Person

Witness 1: ________________________________ Name: ____

Witness 2: ________________________________ Name: ____

FIXED CONTRIBUTION COST AGREEMENT

TERMS AND CONDITIONS

The management Committee of Cheshire Home Summerstrand reserves the right to determine the Fixed Contribution Costs on an annual review or at any time it deems necessary. The monthly Fixed Contribution Costs are **R 8 500.00** per month, payable in arrears.

ALL FIXED CONTRIBUTION COSTS TO CHESHIRE HOME SUMMERSTRAND MUST REFLECT THE NAME OF THE RESIDENT AS THE REFERENCE ON THE DEPOSIT SLIP.

1. Payment of fixed contribution costs must reflect in Cheshire Home Summerstrand's account as being received no later than the 7th of every month.
2. Failure to pay fixed contribution costs by the 10th of the month will result in a reminder letter being sent to you.
3. Should the amount owing not be paid by the end of the month, a Warning Letter will be sent to advise you to look for alternative accomodation for your child/relative.
4. If by the 10th of the following month the outstanding amount has not been paid in full, the account will be handed over for collection to our Attorneys and all costs will be for the Parents/Relative account. You will also be asked to take your child/relative home.
5. Please understand, the place that has been vacated can only be held open for 2 weeks, after which it will be assigned to someone on the waiting list. A holding deposit can be negotiated. Income is vital to Cheshire Home Summerstrand for the payment of care staff and operating expenses Should you at any time, have difficulty with the payment of the fixed contribution costs, please contact the Finance Manager timeously for a consultation regarding the problem.
6. It must be noted that nappies, medication and toiletries are **not** included in the monthly contribution costs. These items remain the responsibility of the family or persons supporting the Resident.
7. Failure to pay the monthly contribution costs, or any change in the payment, and/or your debit order returns unpaid and/or is cancelled without informing the Finance Manager, will result in a third party being notified, and legal action will be taken against the person(s) responsible for the payment of the fixed contribution costs.
8. If you cannot provide proof of payment as required, then it will be considered that you are in arrears and a defaulter.
9. Cheshire Home Summerstrand reserves the right to be absolved from any / all costs incurred about third party / legal action being taken against the person(s) responsible for the payment of the contribution costs. Please note that all costs will be charged to the relevant person(s) of the resident.
10. Instruction of notice will be given to the relevant persons of the resident to seek alternative accommodation, with immediate effect.

I, ____ have read, understand and agree to abide by the terms and conditions as set out above.

Signed at _______________________________ in the presence of the undersigned witnesses on the _________ day of ______________________ 20______.

Signed: ____(Parent / Guardian)

Witness1: ___________________________________ Name: _________________________________

Witness 2: ___________________________________ Name: _________________________________