



summerstrand
cheshire home

CHESHIRE HOME SUMMERSTRAND

APPLICATION FOR ADMISSION

NAME OF APPLICANT

.....

DATE OF APPLICATION

.....

CONTENTS

- Introduction to Cheshire Home Summerstrand and Admittance Criteria
- Personal Information and Application for Admission
- Medical Report and Disability Assessment (to be completed by medical practitioner)
- Covid Vaccinations
- Medical Aid Details
- Financial Declaration
- Consent and Indemnity Form
- Funeral Policy (where applicable)
- Management and Opportunity

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

****Please submit a valid Covid-19 Vaccination Certificate upon application.**

CHESHIRE HOME SUMMERSTRAND

NPO 008 - 314

**P O BOX 13148
HUMEWOOD 6013
041 583 2183 041 583 5348 (fax)
managerchs@cheshirehomes.co.za**

Introduction and Admittance Criteria

Cheshire Home Summerstrand is a member of an international organisation. It is one of 17 residential homes for disabled persons in South Africa. Our Home was opened in 1975 and today has 57 permanent residents and 3 day care residents. It has as one of its 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.

Admission Criteria

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

- be a **physically** disabled person
- be between the ages 18 to 55
- have **financial support** that is able to afford accommodation costs. The full cost for a resident, an amount of **R 8 000** (as of January 2022) per month, is required. Proof of financial support is required, and the financial declaration is to be completed.
- be able to socialise with other residents
- be willing to abide by the Home Rules and Regulations.
- be prepared to assist in fundraising and the promotion of Cheshire Home Summerstrand (resident and family)
- Medical Certificate must be attached to this document

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 is expected to 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).

CHESHIRE HOME SUMMERSTRAND

APPLICATION FOR ADMISSION

(to be completed by applicant or representative)

1 Surname: _____

2 Christian Names: _____

3 Present Address: _____

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

- Own Home
- Living with family / relatives
- Boarding Institution
- Other (Please specify: _____)

5 Date of Birth: _____

6 Identity Number: _____ (attach copy of ID)

7 Gender: _____

8 Marital Status: _____

9 Home Language: _____

10 Religion: _____

11 Education and Schooling:

Highest level attained _____

Name of school / institution _____

12 Occupation:

Previous Occupation _____

Present Occupation _____

Name of Employer _____

13 Particulars of Nearest Family, Relatives or Friends

Name	Address	Relationship	Tel No	Email
-------------	----------------	---------------------	---------------	--------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14 Certification of State Pension (please attach copy of state pension registration)

14.1 Reference number of pension, verified from the letter of authority

14.2 Disability Grant Number

15 Funeral Policy (if no policy, please complete funeral policy info attached)

15.1 Name of Policy

15.2 Policy Number

15.3 Current Policy Value

16 Will

16.1 Have you made a will? Yes / No

16.2 If Yes, where is it lodged and who are the executors?

16.3 If **No** will in place, the matter will be discussed and finalised on acceptance.

17 Motivation for Admission

State briefly why you are seeking admittance to Cheshire Home Summerstrand

18 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: _____

CHESHIRE HOME SUMMERSTRAND

MEDICAL REPORT

Please note:

- This section is to be completed by the applicant’s Doctor
- 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 physical disability
- 2 The following conditions are excluded:
 - persons requiring permanent hospitalisation who are chronically sick
 - persons suffering from infectious disease
 - persons with a mental disorder
 - persons under 18 and over 55 years of age
- 3 The applicant is responsible for any costs relating to 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 Present treatment (please specify name of practice/hospital and any reference numbers)

4 General Examination

(a) General; physical and nutritional state

(b) Respiratory System

(c) Cardiovascular System

(d) Blood Pressure (to be taken in all cases)

(e) Genito-Urinary System (urine to be tested in all cases)

(f) Digestive and other Abdominal Systems

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

(h) Any loss of sensory ability

- Hearing _____
- Sight _____

(i) Mental Condition (Particular reference must here be made to any mental disability arising from the physical disability and any marked mental retardation)

(j) Bowel and Bladder Control

- Normal
- Use of Catheter
- Other Urinary Device
- Special Bowel Movement

5 Degree of Independence (please specify)

- (a) Mobility (please specify)
 - Moves without any appliance
 - Uses a Wheelchair – self propelling / needs to be pushed
 - Crutches
 - Any other appliance (please specify) _____

- (b) Bathing / Toilet (please specify)
 - Independent
 - Needs assistance
 - Has to be bathed and toileted

- (c) Feeding (please specify)
 - Independent
 - Needs assistance
 - Has to be fed

- (c) Dressing (please specify)
 - Independent
 - Needs assistance
 - Has to be dressed

6 List of Current Medication being taken:

7 General Remarks

Name of Medical Practitioner: _____ **Place:** _____

Signature: _____ **Date:** _____

MEDICAL AID DETAILS

NAME OF RESIDENT: _____

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 PE: _____

Contact No: _____

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 medical aid cover, Walmer Clinic will be used for doctor visits and the issue of medicine.

No medical aid covered residents will be allowed to receive treatment from Government Facilities as per their rules and regulations.

Signed: _____ **Date:** _____

FINANCIAL DECLARATION

NAME OF APPLICANT: _____

PARENT / GUARDIAN: _____

PRESENT MONTHLY INCOME OF APPLICANT, AS FOLLOWS:

1. Disability Grant R_____
2. Civil/WCA Pension R_____
3. Int on investments R_____
4. Rental from property R_____
5. Other income R_____ please specify _____

I hereby declare the above information to be true and correct.

I hereby commit to paying an amount of R_____ **per month** towards the accommodation and care for the applicant _____. This will be transferred on a monthly basis to Cheshire Home Summerstrand. An annual increase of 5% will be instituted at the beginning of each calender year.

An invoice will be generated and sent to you via email on a monthly basis. **Please supply email address below:**

PLEASE SELECT METHOD OF PAYMENT FOR THE ABOVE MENTIONED COMMITTED AMOUNT:

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | DEBIT ORDER |
| <input type="checkbox"/> | STOP ORDER |
| <input type="checkbox"/> | DIRECT DEPOSIT |
| <input type="checkbox"/> | EFT |

BANKING DETAILS:

**CHESHIRE HOME SUMMERSTRAND
NEDBANK CURRENT ACCOUNT
ACCOUNT NUMBER: 1212 03 22 33
BRANCH CODE: 121 -217
REFERENCE: NAME OF RESIDENT**

SIGNED: _____

DATE: _____

WITNESS 1: _____

WITNESS 2: _____

CONSENT AND INDEMNITY

**Following admission to
CHESHIRE HOME SUMMERSTRAND**

I _____ do hereby agree and accept that I am residing and/or being cared for by Cheshire Home Summerstrand at my request and for my own benefit, convenience and well being.

I agree and accept that neither Cheshire Home Summerstrand nor any of its affiliates, subsidiaries, agents, officials, attendants, consultants or volunteers shall be liable in any way for any injury, harm or loss suffered by me through any cause whatsoever whilst I am resident at and being cared for by Cheshire Home Summerstrand.

Furthermore I hereby indemnify, hold harmless and absolve Cheshire Homes and those mentioned above against any and all claims whatsoever that may arise in respect of any loss, damage or injury to my property or person, or on my death from any cause whatsoever, whilst I am a resident of or being cared for by Cheshire Home Summerstrand.

SIGNATURE: _____ **WITNESS:** _____

DATE: _____ **WITNESS:** _____

WITNESSES ADDRESSES AND CONTACT DETAILS:

1. _____

2. _____

FUNERAL POLICY

It is mandatory that all successful applicants have a funeral policy. We will not be held liable for any costs relating to medical / burial / cremation / funeral homes etc. All applicants are to either attach proof of their existing policy or authorize us to take out the policy (paid by the resident) on behalf of the resident.

- 1) Does the resident have a funeral policy? _____
- 2) If **yes**, please answer the following questions:
 - 2.1) With which company is the policy? _____
 - 2.2) What is the value of the policy? _____
 - 2.3) Funeral Home of Choice? _____
 - 2.4) Burial / Cremation? _____
 - 2.5) Any special requests? _____

If no, please complete the following:

I, _____ hereby authorize Cheshire Home Summerstrand to deduct R_____ as a monthly premium for a funeral plan at First Avenue Funeral Home. This money will either be deducted from the pocket money or included in the monthly invoice with the accommodation and care cost.

I hereby declare that any costs incurred by _____ will be debited to my account. I hereby attach the completed application form for First Avenue Funeral Home.

Signed: _____

Date: _____

CHESHIRE HOME SUMMERSTRAND

Management and Opportunity

Cheshire Home Summerstrand is a residential Home able to accommodate 54 adult residents according to the criteria for admission.

Management

The management of Cheshire Home Summerstrand is vested in the:

- **Board of Management** - these are all volunteers from our local community, residents and staff.
- **The Home Manager**
- **The Head of Care**
- **The Finance Manager**
- **The Residents Committee**

Staff

The staff consists of the following categories: Home Manager, Head of Care, Financial Manager, Admin Secretary, Nursing Staff, Care Givers, Laundry staff member, Housekeeping, Maintenance, and a Driver.

We have outsourced the cleaning, laundry and catering components of the Home.

It is in your best interest to get to know the staff by name and establish a good relationship with them and other residents.

Mealtimes

Breakfast - 08h00

Lunch - 12h00

Supper - 16h30

Tea is served at 10h00, 15h00 and 20h00.

Facilities

The "**Quiet Room**" opposite the **Dining Room**, has TV, music, newspapers and books.

For 9 selected residents we offer independent living quarters where each resident has access to his/her own kitchenette and a greater degree of self independence with the responsibility that goes with it. The Home aims to increase this facility.

We have a **hair salon "Bella Gwen"** which is run by volunteers on Tuesdays / Wednesdays from 09h00 - 12h00. You may have your hair washed, cut, etc.

Our shops "**The Wot Not Shop**" and "**Clothes Galore**" are open **Monday to Friday**, from **10h00 - 14h00** and sell sweets, cold drinks etc. as well as good second hand bric-a-brac and clothing items. The shops are run by volunteers.

We also have a **physiotherapy room** and residents can choose to receive professional physiotherapy through senior students and staff of the biokinetics department of the university. The room may be booked for private physiotherapy / biokinetics sessions.

In addition we have an **Activity Room** which can be used by the residents. Volunteers are available to assist the residents in these two areas of opportunity.

The Home has a **laundry** where residents' laundry is done on a weekly basis. All clothing must be marked with the resident's name.

The Home has set up 2 computers with limited internet access for the residents to use during office hours. Computer training is offered by a volunteer on Tuesdays and Thursdays.

What else does Cheshire Home Summerstrand offer?

- Our Home has a **monthly newsletter "The Insider"** where news about what is happening in and around our Home is available.
- A staff member oversees the resident's **Pocket Money**. Should you wish to have money kept safely we will organize this facility whereby you can draw money on a weekly basis as and when required.
- Should you need to go **shopping**, go for an appointment or for a visit outside the Home, the Kombi is available. A small petrol levy is charged for social and personal use of the Home transport facility. Any such trips need to be made through the Head of Care at least one day prior to the required trip.
- Through volunteers, entertainment is offered as regularly as possible.
- A number of **Bible Study fellowship groups** are active within the Home – again these are led by volunteers.

Employment

We do encourage residents where possible to further themselves and to create opportunity to become employed. There are limited opportunities within the Home and others are employed outside the Home. Small business opportunity is also encouraged.

Religion

Although a Christian based organization Cheshire Home Summerstrand accepts residents of all religions. Residents are free to worship at any place of worship and a spirit of tolerance and respect for others is always encouraged and accommodated.

Cheshire Home Summerstrand Contacts:

**Manager
Cheshire Home Summerstrand
7 Gomery Avenue
Summerstrand
Port Elizabeth**

**041 583 2183 (T)
083 5000 818 (C)
041 583 5348 (F)**

managerchs@cheshirehomes.co.za (e-mail)

www.cheshirehomes.co.za (website)

Cheshire Home Summerstrand (Facebook)