

Telephone : 031 205-1351  
 Fax : 031 205-4288



17 Hutchinson Rd  
 Umbilo  
 Durban  
 4001

Enquiries: Social Work Dept

Reg. No: 002-243 NPO  
**Application for Residential Care**

<b>Date application received</b>				
<b>Full names of applicant</b>				
<b>Age of applicant</b>				
<b>Diagnosis</b>				
<b>Medication</b>				
<b>Date of Admission</b>				
<b>House/Room to be allocated to</b>				
<b>Full Monthly Rental /Pro Rata</b>				
<b>Payment</b>	<b>Family contribution</b>	<b>O.A.P</b>	<b>Private</b>	<b>Subsidy</b>
<b>Comments on new intake</b>				
<b>Recommendation and Signature by Intake Officer</b>				
<b>Recommendation and Signature by Clinic Sister</b>				
<b>Recommendation and Signature by Nursing Supervisor</b>				
<b>Recommendation and Signature by Social Worker</b>				
<b>Recommendation and Signature by Finance Department</b>				
<b>Decision/Approval by General Manager</b>				

<b>Complete</b>	<b>Pending</b>
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**(For Office Use Only)**  
**Checklist and Progress of Application**

Forms	Yes	No	Remarks
Signed Residency Agreement			
Application Form			
Personal Particulars			
Social Workers Report			
Medical Form			
DQ98 Point Form			
Signed Income and Declaration			
Commissioner of Oaths			
Bank statements			
Certified copy of ID			
ID copy of person signing			
Letter of Undertaking			
Apply for Composite Cheque			
House/Room viewed			
Screening Certificate			
Deed of Suretyship			
Medical Consent Form			
TB screening			
SASSA card			
Debit order form			
Photographs			
<b>Post admission:</b>			
Receipt of original ID and SASSA card			
Has application been submitted for subsidy			Date:

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### Residential Care Checklist for Applicant

For your convenience, please tick the checklist to ensure proper completion of forms and required documents are attached when submitting the application

Requirements	Completed
Application	
Medical form stamped, dated & signed by applicants doctor	
Income declaration	
Medical consent form	
Deed of Suretyship – completed and signed	
Social Worker's Report	
Declaration of Income and Expenditure by Resident	
Commissioner of Oaths stamped, dated & signed by commissioner	

### Kindly attach the following to the application

Description	Attached
3 months original bank statement of applicant Stamped, dated & signed by the bank (in the case of a copy)	
1 photocopy of pension/disability card (both sides)	
Proof of pension or disability grant	
3 certified copies of bar coded ID book of applicant	
2 certified copies of bar coded ID book of person responsible for signing residency agreement	
2 recent photographs of applicant	
Social workers screening report	

**Once the application form is completed and the required documents are attached, please contact the Social Work Department on 031 205 1351 to make an appointment for an assessment. Bring all relevant forms with the applicant on the day of the Assessment.**

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### Application for Admission

#### Personal Details

Surname: .....

First Names: .....

Date Of Birth: .....

Identity Number: .....

Sex: .....

Marital Status: .....

Previous employment: .....

Religion: .....

Home Language: .....

Current Address: .....

Telephone No: .....

Pension/Income: .....

Pension Number: .....

Briefly State The Main Reason Why You Can No Longer Remain In Your Present Accommodation? .....

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

**Next of Kin Details**

(1) Name: .....

Relationship: .....

Address: .....  
.....

Telephone No: (H).....  
(W).....  
(Cell) .....

Email Address: .....

Place of Employment: .....

Position Held: .....

(2) Name: .....

Relationship: .....

Address: .....  
.....

Telephone No: (H).....  
(W).....  
(Cell) .....

Email Address: .....

Place of Employment: .....

Position Held: .....

(3) Additional Name of contact (not at the same address):  
.....

Relationship: .....

Address: .....  
.....

Telephone No: (H).....  
(W).....

(Cell) .....

Email Address: .....

Place of Employment: .....

Position Held: .....

**In case of Emergency, who must be contacted?**

Name: .....

Relationship: .....

Address: .....  
.....

Telephone No: (H).....  
(W).....  
(Cell) .....

Email Address: .....

Do You Manage Your Own Finances? Yes/No (Delete What Is Not Applicable)

If Not, Who May Be Contacted In This Regard? .....  
.....

Do You Have A Funeral Policy? .....

If So, With Which Company? .....

Who is responsible for your monthly contribution? .....

Who will be responsible for your funeral arrangements?

Name: .....

Address: .....  
.....

Telephone Number: .....

Have You Made A Will? .....

If So, Where Is It Kept? .....

Executors Details:

Name: .....

Address: .....

.....

Telephone Number: .....

Email address: .....

Name of Medical Aid Fund: .....

Current Doctors Details:

Name: .....

Address: .....

Telephone Number: .....

Will visits to the above doctor continue post admission? .....

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### Medical

#### Medical Report Form to be completed by a Doctor Upon Examination of person applying for Residence in Natal Settlers Memorial Home

Full Name: .....

Age: .....

Past History: .....

Previous treatment: .....

Present Symptoms : .....

Which Hospital did you receive treatment?.....

#### General Examination:

General Physical & Nutritional State: .....

Respiratory System: .....

Cardiovascular System: .....

Blood Pressure (To Be Taken In All Cases): .....

Genito-Urinary/Urine to Be Tested

(In All Cases): .....

Digestive & Other Abdominal Systems: .....

Muscular & Skeletal System (State Defects): .....

Central Nervous System (State Defects):.....

Mental Condition:.....

Is Patient Free From Infectious & Contagious Diseases:.....

If no, provide details: .....

Any Other Condition Not Included In Classification Above: .....

Present Medication:.....

Any Further Medication:.....

Any Allergies:.....

Weight:.....

General Remarks: .....



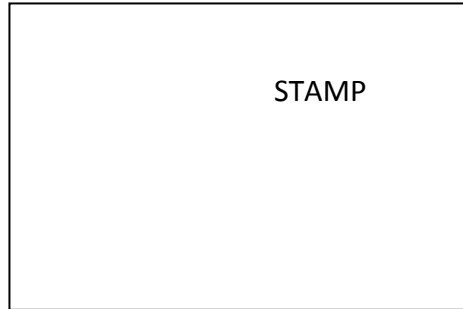
.....

How Long Has The Client Been Your Patient:.....

Place: .....

.....  
Medical Practitioner Signature

Date: .....



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### Debit Order Instruction

Date: .....

The details of my/our account are as follows:

Name of Account Holder: .....

Contact details of account holder: .....

Name of bank: .....

Branch Name: .....

Branch number: .....

Account Number: .....

Account Type (Current, savings etc): .....

I / we hereby request, "instruct" and authorise NSMH to draw against my / our account with the above mentioned bank, being the amount necessary for the monthly rental due in respect of (Resident ....., ID number .....).  
To which I / we may transfer

The sum of R..... (In words).....  
.....on the ..... of each  
and every month. All such withdrawals from my / our bank account shall be treated as though they had been signed by me / us personally. There will be an annual escalation in rental.

I / we understand that the withdrawals hereby authorised will be processed by computer through a system known as the ACB Magnetic Tape Service and I also understand that details of each withdrawal will be printed on my bank statement, or on any accompanying voucher.

This authority may be cancelled by me / us by giving you thirty days notice in writing but I / we will not be entitled to any refund of amounts which you have written while this authority was in force if such amounts were legally owing to you.  
Receipt of this instruction from you shall be regarded as receipt thereof by my / our bank (whichever it is or will be)

Signed ..... on this ..... day of .....2014

**Medical Consent Form and  
Liability Release Agreement**

Name of Resident: \_\_\_\_\_

Identity Number: \_\_\_\_\_

In the event of any accident, injury or illness during the residency of the above named resident at the Natal Settlers Memorial Homes under circumstances whereby the resident is unable to consent,

1. The resident or his/her parent/ guardian/ trustee or authorized representative hereby consent to the furnishing to the resident of such medical care, attention and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anaesthetic, medical, or surgical diagnosis or procedure.
2. The resident or his/her parent/ guardian/ trustee or authorized representative authorizes any representative from Natal Settlers Memorial Homes to consent to such medical care, attention and treatment.
3. The resident or his/her parent/ guardian/ trustee or authorized representative agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify from any liability the assisting representative and the Natal Settlers Memorial Homes.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Alternative person to contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact number/s: \_\_\_\_\_

\_\_\_\_\_

Medical Practitioner: \_\_\_\_\_

Contact number/s: \_\_\_\_\_

Initial: \_\_\_\_\_

I agree that a copy of this consent may be sent by facsimile and accepted by the health care provider.

Signature of Resident : \_\_\_\_\_

Dated : \_\_\_\_\_

Signature of parent/guardian/trustee/authorised representative:

\_\_\_\_\_

Relationship to Resident : \_\_\_\_\_

Dated : \_\_\_\_\_

## Deed of Suretyship

I the undersigned,  
(name and identity number)

\_\_\_\_\_ (“the  
**Surety**”)

bind myself jointly and severally and *in solidum* with

\_\_\_\_\_ (the  
**Debtor**”)

upon and in favour of Natal Settlers’ Memorial Home (the **“Creditor”**)

as surety and co-principal Debtor for the due and punctual payment and performance by the Debtor of all obligations of any nature whatsoever which the Debtor may in the future owe to the Creditor arising out of the attached residency agreement.

1. This suretyship is given as a continuing covering suretyship for the future obligations of the Debtor to the Creditor.
2. If the Debtor fails to discharge any of its obligations to the Creditor on the date upon which the obligation becomes due, the Creditor shall be entitled to immediately demand performance from us of all obligations and monies then owed by the Debtor to the Creditor, whether or not the due date for performance of any further obligations would have arrived.
3. The Creditor shall be entitled to obtain additional securities in respect of the obligations of the Debtor, without affecting its rights under this Deed of Suretyship.
4. No variation, relaxation, waiver of, addition to, deletion from or cancellation, whether consensual or not, of this Deed of Suretyship or any of its terms, including this clause, shall be of any force or effect, unless it is reduced to writing and signed by all the parties to this Deed of Suretyship and confirmed by the Creditor in writing.
5. The Surety hereby waives all of his/her rights to rely upon prescription of any principal obligation or any accessory obligation created in this Deed of Suretyship.
6. In the event that the Creditor gives the Debtor an extension or an indulgence for the due performance of its obligations, the Creditor hereby reserves its right to instruct the Sureties to perform the obligation owing by the Debtor as if such compromise, indulgence, extended time, or extended terms had not been entered into or granted.
7. Any amount the Surety owes will carry interest from the date on which the amount became due for payment by the Debtor or Surety, whichever is the earlier, at the rate at which the Debtor is obliged to pay interest by agreement.

8. The Surety will be responsible for all charges and expenses incurred by the creditor for securing the performance of the obligations of the debtor or the surety, or enforcing the rights of the creditor, including all legal costs on the attorney and client scale, collection commissions and fees of tracing agents.
9. For the purposes of this suretyship, including the giving of any notice required or permitted in terms of this agreement and any proceedings which may be instituted by virtue of this agreement, the Surety chooses its address for service of notices processes and execution at:

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10. All notices addressed to the Debtor at the abovementioned address and sent by prepaid registered mail, shall be deemed to have been received by the Surety on the third day after posting.
11. It is agreed that:
  - 11.1 This Deed of Suretyship constitutes the whole agreement between the Surety and the Creditor;
  - 11.2 There are no conditions or terms which have to be complied with, whether by the Creditor, the Debtor, the Surety or any third party before the Surety become liable, nor are there any conditions or terms which, if complied with by the Creditor, the Debtor, the surety or any third party, shall release the Surety from any obligation, save as explicitly set out in this Deed of Suretyship;
  - 11.3 No warranties, promises, representations, terms or inducements of whatsoever nature have been made given or agreed to by the Creditor or any other person including the Debtor, to the Surety to enter into this Suretyship or bind the Surety to its terms.
- 12 The rights of the Creditor under this Deed of Suretyship shall not be affected or diminished if the Creditor at any time obtains any additional or other Suretyships, guarantees, securities, bonds or indemnities from the Surety or any other third party, whatsoever, in connection with the obligations of the Debtors and or the Surety.

- 13 The Surety will only be released from this Deed of Suretyship by an agreement in writing authorizing the release of the Surety, which has been signed by the Creditor and the Surety.
- 14 This suretyship remains in force despite the death or legal disability of the Surety or the Debtor.
- 15 The debtor agrees to pay the amount of \_\_\_\_\_ via a debit order by the 5<sup>th</sup> of each and every month. There will be an annual escalation in rental.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_.

In the presence of the undersigned Witnesses:

As Witnesses

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
**SURETY (Identity Number: \_\_\_\_\_ )**



## Dear applicants and relatives

It is requested that you attend to the following prior to and upon admittance to the home:

**ALL** residents clothing must be marked (on the garments) with the residents full initials and surname with a permanent marker pen. Nametags are unfortunately unacceptable. With regret, we wish to advise that unless all clothing is properly marked prior to the resident being accommodated at the home, admittance will not be allowed. Residents or relatives are required to submit a list of clothing on admittance and any clothing brought after admission must be added to the list and handed to the sister.

**ALL** toiletry needs of the resident must be attended to by the resident or their family / friends. It is requested that all toiletry items are marked the same as their clothing.

Replace every 6 months	Replace every month
Toothbrush / Mug for Dentures Facecloth Hairbrush / Comb	Soap, Toothpaste, Sterident, Shampoo, Shaving Cream, Deodorant, Powder, Ear buds, Razorblades

Any other articles e.g. spectacles, cell phones, radio etc. must also be marked and serial numbers noted. These items must also be listed upon intake and insured by the resident or relatives. Any other articles brought after admission must be added to the list.

Pocket money may be given to and signed for by the sister on duty. Alternatively, monies may be handed in and receipted for at the main admin office. Pocket money is required to cover tuck, cigarettes, hair cuts, taxi fare to the hospital after hours etc.

Cigarettes, tobacco as well as tuck must be provided for by the resident or family unless pocket monies are left for this use.

Should any additional medical items be required, e.g. Mercurochrome, cotton wool, micro-pore, gauze, aqueous Cream and over the counter medication, family will be requested to provide these items and must be handed in at the duty room. **No medication to be left with resident.**

**Incontinence pads or nappies are not provided by the home.** Please ensure that there is an adequate supply. **If required upon admission and/or during time of residence this is an extra fee of R500 per month if purchased by NSMH; this cost will be paid by the resident/family.** Special food required like Ensure/ Future Life must be supplied. Once again, these are required to be handed in at the duty room to the sister on duty.

Any special dietary preferences must be provided by the family.

Residents may bring in some furniture of their choice, however, these needs to be authorised by the admin office prior to the furniture arriving. Any additional requests eg. Telephone applications, shelving etc, are to be requested in writing to the office.

All independent residents are requested to bring in the following items on the day of admittance: A bed, bedding, pillows and pillow cases, a duvet, a small side dresser or side table.

**Please note that upon admission photographs will be taken of any pressure sores. This information is very important for the resident's medical file.**

**NSMH reserves the opportunity to use photographs of residents that are taken at functions or activities hosted by NSMH or external donors in newsletters and other publications.**

We trust all the above-mentioned will be of assistance to you.

Kindly sign below to acknowledge that you have read through and taken note of the points made in this document.

.....  
Signature

.....  
Date



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### Social Workers Report for Admission

Identifying particulars:

Full Name: .....

Date of Birth: .....

Address: .....

.....

Marital Status: .....

Present Circumstances:

**Housing** (Please record information regarding the accessibility of water, electricity, toilets and food) Also consider the safety including security fire hazards, structural safety of dwelling and environment

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

Care (Describe the extent of care and assistance needed by the applicants and the care provided)

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

Support Systems Available to Applicant (Children, families, services centre, home care etc, which support system are available in the community?)

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

To what extent does the applicant make use of the above? If support systems are not utilised give reasons:

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

To what extent is the primary care giver able to manage his/her own and the applicants needs? Give details:

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

Why did the support systems and preventative measures fail?

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

Financial Position (Mention all sources of income and expenditure)

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

General Health of applicant: Physical

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

Dietary Requirements

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

Psychological (Emotional)

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

Ability to adapt successfully in Old Age Home

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

Are you convinced that Institutional Care is the only option? Motivation

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

Recommendation if the application is not successful

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

.....  
Social worker full name  
Natal Settlers Memorial Homes

.....  
Signature

.....  
Date

**Declaration of Income and Expenditure by Resident of Home**

**Name:** .....

**ID Number:** .....

**Date of Admission:** .....

**Income (Monthly Income e.g. Interest, Dividends, Rents Etc)**

Pension Received	Reference No	Self (Amount)	Spouse (Amount)
------------------	--------------	---------------	-----------------


<b>Annuity Name of Fund</b>	<b>Amount</b>	<b>Self (Amount)</b>	<b>Spouse (Amount)</b>

<b>Income from Trust &amp; Maintenance</b>	<b>Amount</b>	<b>Self (Amount)</b>	<b>Spouse (Amount)</b>

<b>Shares</b>	<b>Reference No</b>	<b>Self (Amount)</b>	<b>Spouse (Amount)</b>

<b>Fixed Property (Farm, Dwelling Etc)</b>	<b>Amount</b>	<b>Self (Amount)</b>	<b>Spouse (Amount)</b>

<b>Other sources of Income</b>	<b>Reference No</b>	<b>Self (Amount)</b>	<b>Spouse (Amount)</b>

<b>Running Expenses Specify Medical Fund</b>	<b>Taxes, Bonds Etc</b>	<b>Self (Amount)</b>	<b>Spouse (Amount)</b>

I declare that the above information has been supplied by myself and is to the best of my knowledge true and correct.

.....  
Applicant/Proxy Signature

I certify that I have put the following questions to the declarant and have written down in his/her presence before I administered the Oath Declaration:

Are you familiar with the above declaration and do you understand it?

.....

Have you any objections to taking the prescribed oath?

.....

Do you consider the prescribed oath as binding on your conscience?

.....

I certify that the declarant acknowledges that he/she is familiar with the contents of the Declaration and understands it.

.....  
Commissioner of Oaths

---

For Official Use by the Selection Officer of the Department of Social Development

Total Gross Income: .....

Minus approved deductions (specify): .....

.....

.....

Nett Income .....

.....

- The last mentioned amount must be entered on the Selection Certificate

Income Group Code

.....

Official in service of Department of Social Development

Telephone : 031 205-1351  
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**Code of Conduct**

17 Hutchinson Rd  
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1. Any form of racism will not be tolerated.
2. Verbal or physical abuse is not allowed towards anyone living in or working at the home.



3. A policy of zero tolerance for verbal and physical abuse against any resident or staff member. This type of behaviour will result in disciplinary action and possible eviction.
4. Television and music volumes must be kept to a suitable level so that it does not interfere with neighbours or cause disturbance to other residents.
5. No noise is allowed after 20h00.
6. Residents should refrain from lending or borrowing money, clothing or other personal effects.
7. Residents are not permitted to sell personal effects to staff members or fellow residents.
8. Any destruction of Natal Settlers property will not be tolerated.
9. Smoking is only allowed in the designated smoking areas. (No smoking is allowed in bedrooms).
10. Incidents of alcohol abuse and disruptive behaviour will not be tolerated; this will result in disciplinary action.
11. The possession and use of any recreational drugs is strictly forbidden. This will result in a police investigation and eviction.
12. Permission must be obtained from the admin office before the removal of any private property from the premises.
13. Emergency keys may not be removed.
14. The use of appliances by residents in their rooms is at the discretion of management. Frail and Semi Frail residents are not allowed to keep appliances in their rooms for safety reasons.
15. Cooking in rooms is prohibited.
16. NSMH will not be held responsible for any loss/disappearance of any private electric appliance, including cell phones, iPads, laptops, computers, musical instruments or any personal belonging.
17. All cooking/eating utensils must be washed in the kitchen and not in the basins in the rooms.
18. Permission must be obtained before any private furniture is thrown away on the dump.
19. When leaving your room, all non essential electrical appliances must be switched off and unplugged; lights must also be switched off.
20. Proper attire must be worn when residents make use of common areas such as lounges and dining rooms.
21. No washing may be hung over balconies or out of windows.
22. No overnight visitors are allowed.
23. If you will return late to the home, you are required to advise Security and the Sister-in-Charge.
24. Only NSMH resident's cars are allowed to park overnight on the premises.
25. Residents who will be living in Marilyn Jacobs or Simpson Mollergren Houses will be required to do chores regarding the cleaning and general upkeep of their particular house as set up by the respective House Representatives.
26. All installations of air conditioners, television aerials, fans, DSTV dishes and additions to property are for your own account and become fixtures once installed. They can not be moved when you vacate your flat/room. Prior permission is required from management before installation.

27. The health circumstances of the resident will dictate management's decision in appointing the resident to an appropriate care facility internally or externally.
28. Residents are to ensure that living areas are not overly cluttered – to avoid health, safety and fire hazards.
29. The admission and termination of residency will be at the discretion of the Executive Committee based on their observation of the resident's code of conduct and rules of the Home.
30. All rentals are paid in advance by the 5<sup>th</sup> of the month. Non payment is deemed to be a breach of House rules. There will be an annual escalation in the rental price based on the Executive Committee's decision to cover running costs and all residents will be subjected to the increase which is non-negotiable.
31. Couples who have lived together in independent quarters over an extended period of time, must expect to be moved to an appropriate facility should the need arise based on the health status of the individual/s.
32. Bullying, policing, dominating other residents, violent and abusive remarks will not be tolerated.
33. Protocol and channels of communication must be followed in all instances where queries or complaints need to be made.
34. Residents who are residents at NSMH must refrain from begging, requesting food and money from the public and they must endeavour to be neatly attired at all times.

Should any of the residents breach any of the above rules, they will be issued with a written warning. Should a second incident occur, they will be required to attend a meeting with management for issue of the second warning. A third offence will be grounds for a meeting with the Disciplinary panel and could possibly lead to eviction.

I, ..... , commit to abide by all rules and regulations implemented by The Natal Settlers Memorial Homes management.

.....  
Signature

.....  
Date