

BADISA

(Christian Compassion)

APPLICATION FOR ADMISSION TO FACILITY FOR THE AGED PLUMSTEAD RUSOORD

Please mark the appropriate box with an "X"

Type of accommodation required:

Health Care Shared Room (24hr Assistance)	Health Care Single Room (24hr Assistance)	Health Care Spacious Single Room (24hr Assistance)	Health Care 1 st Floor Single Room (24hr Assistance)	The Lodge Single Room (Semi-Independent)	
Rental Bachelor Flat (Independent)	Rental One Bedroom Flat (Independent)	Life Right East Building Bachelor Flat (Independent)	Life Right East Building One Bedroom Flat (Independent)	Life Right North Building	
				1 Bed	2 Bed

1. SURNAME: _____

2. NAMES IN FULL: _____

3. I.D. NUMBER: _____

4. DATE OF BIRTH: _____

5. ADDRESS: _____

_____ Postal Code: _____

6. CONTACT NUMBERS: Home _____ Cell: _____

7. EMAIL ADDRESS: _____

8. GENDER: Male Female

9. MARITAL STATUS: Married Divorced Widowed Single

10. NAME OF SPOUSE (If still married): _____

11. HOME LANGUAGE: English Afrikaans Other: _____

12. RELIGIOUS DENOMINATION: _____

13. FUNERAL PLAN: **(Compulsory)**
(If "No" person responsible for payment to sign an affidavit)

NAME OF COMPANY : _____

FUNERAL PLAN POLICY NUMBER: _____

NAME OF UNDERTAKER: **(Compulsory)** _____

TEL. NO. OF UNDERTAKER _____

14. WILL (**Compulsory**):

NAME OF EXECUTOR: _____

ADDRESS: _____

_____ Postal Code: _____

Contact Number: _____ Email: _____

15: NAME OF DOCTOR: _____

Contact Number: _____ Email: _____

16: NAME OF HOSPITAL/DAY HOSPITAL: _____

File Number: _____ Contact Nr: _____

17. NAME OF MEDICAL AID: _____

Medical Aid Number: _____

(Supply copy of front and back of card)

18. NAME OF PHARMACY: _____

Contact Number: _____ Email: _____

19. **Contact numbers of children or next of kin – Page 3,4 of appendix 1 to be completed**

20. CURRENT ACCOMMODATION:

Own House	Flat	Children	Hospital	Care Centre
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21. STATE OF HEALTH: *(Brief description)*: _____

- Do you need assistance with regard to the following?:

Mobility	Bath/Wash/Eat/Dress
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- Have you been Medically diagnosed with (e.g. heart diseases, high blood pressure, other):

22. URGENCY OF ACCOMMODATION:

23. I HEREBY STATE that all information given in this application form is, to my knowledge, true and correct. Should I be admitted to the Home, I undertake to abide by the rules and regulations of the Home which are subject to change from time to time.

SIGNATURE OF APPLICANT
(Or an Authorised Person)

DATE