



**Aansoek vir Akkommodasie/Application for Accommodation  
Plumstead Rusoord**

**Persoonlike Informasie/Personal Information**

Titel/Title	_____
Van/Surname	_____
Naam/Name	_____
Woonadres/Physical Address	_____
Area/Area	_____
Poskode/Postal Code	_____
Kontak Nommer/Contact Number	_____
E-pos/E-mail	_____
ID Nommer/Number	_____
SASSA Nommer/Number	_____
Huwelikstauts/Marital Status	_____
Naam van Eggenoot/Name of Spouse	_____
Kerkverband/Religion	_____
Huistaal/Home Language	_____
Tweede Taal/Second Language	_____

**Naasbestaande Informasie/Next of Kin Information**

1. Naam en Van/Name and Surname	_____
Kontak Nommer/Contact Number	_____
E-pos/E-mail	_____

2. Naam en Van/Name and Surname

Kontak Nommer/Contact Number

E-pos/E-mail

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3. Naam en Van/Name and Surname

Kontak Nommer/Contact Number

E-pos/E-mail

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### **Begrafnisplan/Funeral Plan (Verpligtend/Compulsary)**

Naam van Maatskappy/Name of Company

Polis Nommer/Policy Number

Naam van Ondernemer/Undertaker Name

Kontak Nommer/Contact Number

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### **Testament/Will (Verpligtend/Compulsary)**

Naam van Eksekuteur/Name of Executor

Adres/Address

Poskode/Postal Code

Kontak Nommer/Contact Number

E-pos/E-mail

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### **Akkommodasie Benodig/Accommodation Required**

24/7 Basic Care(Gesondheidsorg/Frail Care)

Deel/Share

Enkel/Single

Dubbel/Spacious


Hourly Care(Gesondheidsorg/Assisted Living)

Eenman woonstel/Bachelor Flat

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3 Times a day Basic Care(Leefreg/Life Right)

1 Bed Noord/North

2 Bed Noord/North

1 Bed Mountain View

2 Bed Mountain View


### **Huidige Verblyf/Current Accommodation**

Eie Woning/Own House  
Woonstel/Flat  
Kinders/Children  
Vriende/Friends  
Hospitaal/Hospital  
Versorgingsoord/Care Centre


### **Mediese Informsie/Medical Information**

Naam van Mediese Fonds/Medical Aid  
Lidmaatnommer/Membership Number  
Mediese Plan /Medical Plan

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Naam Van Dokter/Name of Doctor  
Kontak Nommer/Kontak Number  
E-pos/E-mail

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Naam Van Hospitaal/Name of Hospital  
Leêr Nommer/File Number  
Kontak Nommer/Kontak Number

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Naam Van Apteek/Name of Pharmacy  
Kontak Nommer/Kontak Number  
E-pos/E-mail

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Ambulans/Ambulance  
Kontak Nommer/Contact Number

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Mediese Diagnose/Medical Condition  
(b.v/e.g Hartkwale/Heart disease  
Hoëbloeddruk/High Bloodpressure  
ander/other)

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### **Huidige Gesondheidstaus/Current state of Health**

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**Hulp Benodig/Assistance Required**

Mobiliteit/Mobility

Bad/Bath

Was/Wash

Eet/Eat

Aantrek/Dress

**Dringendheid van Akkommodasie**

Dringend/Urgent

**Urgency of Accommodation**

Later/Later

**HIERMEE VERKLAAR EK**, dat die gegewens in hierdie aansoek vorm verstrek, na die beste van my wete waar en juis is. Ek onderneem, indien ek as inwoner van die tehuis toe gelaat word, ek my sal hou by die reëls en regulasies van die te huis wat van tyd tot tyd gewysig mag word.

**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 regulation of the home, which are subject to change from time to time.

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**Handtekening van Applikant/Signature of applicant  
(of Gevolmagtige/Or Authorised Person)**

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**Datum/Date**

**Kantoor Gebruik/Office Use**

**Kwitansie Nommer/Receipt Number**

**Gen Care Kode/Code**

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