

ZULULAND HOMES FOR THE AGED APPLICATION FOR ADMISSION

Please answer all questions in full. Completed forms can be faxed to 0865477547, or emailed to: info@zha.org.za Please attach a certified copies of the applicant's Identity document, and medical aid card.

I hereby apply for admission to Zululand Homes for the aged:

Full name:		
Postal address:		
Current address:		
ID number:		
Nationality:		
Marital status:		
Spouse's name, if married:		
Spouse's ID number:		
Medical aid details:		
Contact phone number:		
Contact email address:		
Children:		
Name:	Email:	Contact number:
Please supply names and addresses of 2 friends:		
Name:	Address/email	Contact number:
Religious denomination:		
Funeral policy:		

Signed: _____

Witness: _____

Witness: _____

Date: _____

Zululand Homes for the aged.

Rules and regulations, to be acknowledged and signed by all residents, or next of kin.

1. Rental is payable in full, in advance, before the 7th of each month. Payments to be made by bank stop order, or EFT. Banking details: Standard Bank, Eshowe. Branch code: 057630 Account number: 060 247 800.
2. Please make provision for a family member, or an appointed person, to have general power of attorney to manage the resident's financial affairs, should this become necessary.
3. All valuables are kept at the residents' own risk. Residents are advised not to keep cash. We run a petty cash system at the office.
4. Incontinent garments, if necessary, will be charged on the monthly account.
5. One month's written notice is required for intended termination of occupancy. In the event of death, a pro rata amount will be charged.
6. If the Sister in charge feels it is necessary for a resident to be moved from Moderate care, to frail care, the rental will be adjusted accordingly.
7. All medication must be handed to the Sister on duty. Please make arrangements for chronic medication to be dispensed either by a courier pharmacy, or a local pharmacy. Both Hyper pharm and Edward's pharmacy make daily deliveries. Any levies, or COD orders, will be paid for from the resident's petty cash.
8. Rooms are to be kept tidy and free from unnecessary clutter. The resident shall be liable for any damage caused by any act, omission, or neglect. Residents may re decorate the accommodation, and install a TV aerial or satellite dish, at their own expense, once the manager has granted permission.
9. No obstructive matter may be put in the basins or baths, or flushed down the toilet. Any plumbing repairs required due to negligence, will be for the residents' own account.
10. No cooking or heating appliances are permitted. This includes microwave ovens and toasters. We provide wall mounted heaters. A kettle which switches off automatically may be allowed with the manager's permission. Electrical repairs required due to faulty appliances, will be for the resident's account.
11. No pets are permitted. The manager may make exceptions to this rule at her own discretion.
12. Members of the Trust committee, and the manager, reserve the right to inspect any room or flat, at a reasonable time.
13. Residents are requested to keep the gardens and buildings free from litter.
14. Residents and visitors are asked to respect the rights of others. Radios, televisions sets, and music centres are to be played at a reasonable volume. Please observe the period between 1pm and 2.30pm, and after 10pm, as a quiet time.

15. Any decisions made by the trust committee or manager are final.
16. No resident may possess a firearm.
17. No dangerous or inflammable substance may be stored in the accommodation or garages.
18. Candles, including scented candles may not be used. We advise each resident to have a battery-operated torch or lamp to use in the event of a power failure.
19. All clothing must be clearly marked. We do not accept responsibility for any damaged or missing clothing.
20. No clothes may be washed in the resident's rooms. Laundry is done weekly, in Moderate care, and daily, in frail care.
21. Telephones may be installed in single rooms only. Any costs incurred are for the resident's expense. Cell phones are kept at the residents' own risk.
22. Transportation to the hospital, or a doctor, is the responsibility of the family. At the manager's discretion, we may be able to provide transportation locally.
23. The resident agrees to indemnify and absolve the Trustees, Committee, and or any person in their employ, against any damage or injury suffered, which may be directly or indirectly attributed to any defect, obstacle or irregularity in the grounds or any defect or condition in the buildings or equipment, and to waive all claims which the resident may have, by reason of such damage or injury.
24. Residents are responsible for the insurance of their personal property.
25. Able residents, with the manager's permission, and parking space permitting, are allowed to have private motor vehicles. These are kept at the residents' own risk. No resident may transport other residents or staff, without prior permission of the manager.

Dated at..... This..... Day of 20....

SIGNATURE APPLICANT / NEXT OF KIN : _____

1 _____

WITNESS

2 _____

ZULULAND HOMES FOR THE AGED

MEDICAL DETAILS

Please attach a current, 6 month repeatable script, for any chronic medication.

Applicant's name: _____

Age: _____

Medical history:

Surgical history:

Allergies: _____

General examination:

General physical and nutritional state: _____

Respiratory system: _____

Cardiovascular system: _____

Blood pressure: _____

Genito-urinary system: _____

Urine test: _____

Is the applicant incontinent of urine or faeces? _____

Digestive system:

Musculoskeletal system:

Central nervous system:

Mental condition/psychiatric:

Mobility of applicant:

Any other relevant medical information:

Does the applicant require assistance with any of the following?

Dressing: _____

Eating: _____

Personal hygiene: _____

Current medication (please attach a valid prescription):

Medical practitioner: _____

Place: _____

Date: _____

SURETYSHIP

I, the undersigned

Hereby bind myself in favour of the Zululand Homes for the Aged

("The Creditor") and its successors entitle as Surety for the co-principal debtor with

(The resident) for payment of all monies which the resident may from time to time owe the said Home.

Dated at..... This..... Day of 20....

SIGNATURE APPLICANT / NEXT OF KIN : _____

1 _____

WITNESS

2 _____

WITNESS

AS FROM 1ST OCTOBER 2023

MAXIMUM CARE :	R13 200.00
MODERATE WITH ASSISTANCE :	R11 750.00
MODERATE CARE :	R10 300.00
DOUBLE FLAT 1 PERSON :	R15 100.00
DOUBLE FLAT 2 PEOPLE :	R18 700.00
SINGLE FLAT :	R11 750.00

AS FROM 1ST APRIL 2023

FUEL LEVY OF R500 PER MONTH, FOR THE GENERATOR, WILL BE ADDED TO THE TARIFF

BANKING DETAILS

ZULULAND HOMES FOR THE AGED
STANDARD BANK ESHOWE
057630
060247800
REF : SURNAME