



**Physical Address:** 17 Hutchinson Road, Umbilo, 4001  
**Postal Address:** PO Box 17079, Congella, 4013

**Telephone:** 031 205 1351  
**Fax:** 031 205 4288

**NPO Number:** 002-243

**KZN Care Association**

*Helping Hands Caring Hearts*

**Application for Residential Care (For office use)**

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

Complete	Pending
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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 Form

#### Personal Details

Surname: \_\_\_\_\_  
First Names: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Identity Number: \_\_\_\_\_  
Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Religion: \_\_\_\_\_ Home Language: \_\_\_\_\_  
Previous employment: \_\_\_\_\_

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: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position Held: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position Held: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Position Held: \_\_\_\_\_

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

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Position Held: \_\_\_\_\_

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? Yes / No \_\_\_\_\_ If So, Where Is It Kept? \_\_\_\_\_

Executors Details:

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of Medical Aid Fund: \_\_\_\_\_ Plan: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Current Doctors Details:

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Will visits to the above doctor continue post admission? \_\_\_\_\_



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**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,

- \* 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, anesthetic, medical, or surgical diagnosis or procedure.
- \* The resident or his/her parent/ guardian/ trustee or authorized representative authorizes any representative from KZN Care Association to consent to such medical care, attention and treatment.
- \* 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 KZN Care Association.

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: \_\_\_\_\_

Authorized representative: \_\_\_\_\_ Relationship to Resident: \_\_\_\_\_

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



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**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.

<b>Replace every 6 months</b>	<b>Replace every month</b>
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, haircuts, 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. Special food supplements required like Ensure, 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.

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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#### Code of Conduct

- Any form of racism will not be tolerated.
- Verbal or physical abuse is not allowed towards anyone living in or working at the home.
- 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.
- 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.
- No noise is allowed after 20h00.
- Residents should refrain from lending or borrowing money, clothing or other personal effects.
- Residents are not permitted to sell personal effects to staff members or fellow residents.
- Any destruction of KZN Care Association property will not be tolerated.
- Smoking is only allowed in the designated smoking areas. (No smoking is allowed in bedrooms).
- Incidents of alcohol abuse and disruptive behaviour will not be tolerated; this will result in disciplinary action.
- The possession and use of any recreational drugs is strictly forbidden. This will result in a police investigation and eviction.
- Permission must be obtained from the admin office before the removal of any private property from the premises.
- Emergency keys may not be removed.
- 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.
- Cooking in rooms is prohibited.
- KZN Care Association 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.
- All cooking/eating utensils must be washed in the kitchen and not in the basins in the rooms.
- Permission must be obtained before any private furniture is thrown away on the dump.
- When leaving your room, all non-essential electrical appliances must be switched off and unplugged; lights must also be switched off.
- Proper attire must be worn when residents make use of common areas such as lounges and dining rooms.
- No washing may be hung over balconies or out of windows.
- No overnight visitors are allowed.
- If you will return late to the home, you are required to advise Security and the Sister-in-Charge.
- Only KZN Care Association resident's cars are allowed to park overnight on the premises.



- 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.
- 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 cannot be moved when you vacate your flat/room. Prior permission is required from management before installation.
- The health circumstances of the resident will dictate management's decision in appointing the resident to an appropriate care facility internally or externally.
- Residents are to ensure that living areas are not overly cluttered – to avoid health, safety and fire hazards.
- 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.
- All rentals are paid in advance by the 5<sup>th</sup> of the month. Nonpayment 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.
- 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.
- Bullying, policing, dominating other residents, violent and abusive remarks will not be tolerated.
- Protocol and channels of communication must be followed in all instances where queries or complaints need to be made.
- Residents who are residents at KZN Care Association 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 KZN Care Association management.

.....  
Signature

.....  
Date