

UNIT: _____ DATE: _____

NAME OF POTENTIAL RESIDENT: _____

DATE OF BIRTH: _____ AGE: _____

NAME OF FAMILY MEMBER BEING INTERVIEWED: _____

RELATIONSHIP TO APPLICANT: _____

CONTACT NUMBER(S): _____

EMAIL: _____

<ul style="list-style-type: none"> • Permanent Accommodation • Holiday Care • Respite • Day Care • Palliative Care 	<p align="center">Type of placement required and reason</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • Nursing care • Catering / meals • Laundry • Emergency Call Button • 24 hr Security • Domestic Services 	<p align="center">Services available</p> <p>24/7 Nursing care – Reg Nurses, Enrolled Nurse, male and female carers Catering: Geratec / dietician is available (supplements for own account) Laundry: done daily / in-house Each resident gets a specifically programmed bell Xone: at main entrance (boom-gates) General Assistants to clean rooms daily</p>
<ul style="list-style-type: none"> • Tariff discussed • Single room Internal/External • Double room Internal/External • Rental deposit • Admin fee • Person responsible for payment • In who's name must the contract be (responsible party) • Insurance 	<p align="center">Finances Discussed</p> <p>Annual increase in April every year</p> <hr/> <hr/> <p>Refundable & interest bearing <i>rental</i> deposit Admin fee: non-refundable</p> <hr/> <hr/> <hr/> <hr/> <p>Insurance: any valuables - for resident's own account</p>

NOTE: Pre-admission Interview – to orientate the resident and the family to the unit so that they can have the opportunity to decide if they would like to go ahead with the application for accommodation/other services. This does not substitute final approval from the CEO.

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Application	
<ul style="list-style-type: none"> Documents needed 	Assessment & Evaluation (OT-MOCA) Assessment & Evaluation Frailty (score sheet) Assessment Social Worker Medical Report & latest medication script 3 Months Bank Statement from Resident & Responsible Person
<ul style="list-style-type: none"> Final Approval of Application 	HSFA Admission Committee HSFA Admission Policy
<ul style="list-style-type: none"> Contract/House Rules & Regulations/POPIA 	Documents will be distributed Contract MUST be signed by CEO and Family/Responsible Person before resident can move in
<ul style="list-style-type: none"> Smoking Policy/ Smoke Detectors 	
<ul style="list-style-type: none"> Substance Abuse eg medication, drugs or alcohol 	
<ul style="list-style-type: none"> Blister Pack of Medication 	NON NEGOTIABLE Fixed monthly rate Annual price increase (from Circle Pharmacy)
<ul style="list-style-type: none"> Power of Attorney /Curatorship 	
<ul style="list-style-type: none"> Living Will 	
<ul style="list-style-type: none"> Activities 	In-house Volunteers
<ul style="list-style-type: none"> Visitation 	All visitors to sign Visitors Book Visitation Policy Requirements when resident leaves the building
<ul style="list-style-type: none"> Personal Items 	All items must be marked ALL items must be listed on the Kit List (clothing, bedding, furniture, hearing aids, glasses, etc)

Medical Care in the wards	
<ul style="list-style-type: none"> Handling of Medical Incidents 	Charge Nurse will assess the resident after the incident and act accordingly He/she will inform the Family/Responsible Person
<ul style="list-style-type: none"> Indemnity and Risk Assessments e.g. restraints (+ Restraint Policy) 	Shift Leader will discuss with the Family / Responsible Person
<ul style="list-style-type: none"> Additional Medical Reports 	Reports may be requested
<ul style="list-style-type: none"> Carer Staff 	Male and Female Carers HSFA does NOT offer one-on-one care to residents (Care staff ratio) (One-on-one care can be arranged by HSFA at an additional cost to the family – Agreement to be signed))

Rooms	
<ul style="list-style-type: none"> Installations (e.g. Air Conditioners/ Inverters/Blinds) 	<ul style="list-style-type: none"> Rooms are not fitted with Air Conditioners and/or Inverters Residents can apply at HSFA to have it installed by an approved installer Residents cannot remove Air Conditioners and/or Inverter and/or blinds when they leave the HSFA
<ul style="list-style-type: none"> CCTV 	<ul style="list-style-type: none"> CCTV Policy
<ul style="list-style-type: none"> Maintenance 	
<ul style="list-style-type: none"> Room Inspections 	<ul style="list-style-type: none"> Pre- and Post inspections of the rooms will be done with the resident/Family/Responsible Person Resident/Responsible Person will be held liable for damages done to room/HSFA property upon exit Deposit to be paid back according to the lease agreement
<ul style="list-style-type: none"> Telephones 	
<ul style="list-style-type: none"> TV/DSTV 	<ul style="list-style-type: none"> DSTV - Retirement package available Resident to supply own TV + wall bracket (bracket cannot be removed upon exit) Resident liable for own TV license
<ul style="list-style-type: none"> Items NOT allowed in rooms 	<ul style="list-style-type: none"> No loose carpets No electrical appliances – e.g. bar fridge, heater, coffee machine, electrical blanket, kettle, etc. Fans, radios, air mattresses are allowed
<ul style="list-style-type: none"> Bed base cover and waterproof cover for mattress 	<ul style="list-style-type: none"> Family to supply All items must be marked and put on Kit List

General	
<ul style="list-style-type: none"> Cash/Receipts/Pocket Money 	
<ul style="list-style-type: none"> Compliments/ Complaints + Policy 	
<ul style="list-style-type: none"> Donations - general/staff Policy 	
<ul style="list-style-type: none"> Load Shedding 	
<ul style="list-style-type: none"> Where did you hear about us? 	
<ul style="list-style-type: none"> Did you attend a HSFA Info Session? 	Yes: _____ No: _____ When: _____
<ul style="list-style-type: none"> HSFA Fundraising initiatives (eg Woolworths) 	
<ul style="list-style-type: none"> Additional costs 	<ul style="list-style-type: none"> Incontinence Wear Hairdresser Nail Technician Additional services: e.g. Physiotherapy, Speech Therapy, etc Hospital beds and other assisted devices (e.g. wheelchairs) are available on request (pending availability)

CONSULTATION DONE BY: _____

DATE: _____

CLIENT SIGNATURE: _____

DATE: _____