

NPO# 304-233

171 Steve Biko Drive,

NYIGugulethu,

7750

CapeTown

Tel: 0216385144

Cell: 0768412817

Email: manager@ikhayaloxolo.org.za or reception@ikhayaloxolo.org.za

Website: www.ikhayaloxolo.com

RESIDENT ADMISSION FORMS

(Please ensure all documents are submitted, if not, your application will not be considered)

Criteria for Admissions:

- All applicants must be 60 years or older
- Category 3
- Identity document
- SASSA pension Card
- •Payment information: 100% Sassa Income – Increase Yearly
- Compulsory 1-day full assessment of client
- Probation period: Between 1 week to 3 months

DESCRIPTION	TICK
Application form (obtained from the home – via email or collected from reception)	
Medical Report form (must be completed by doctor at the clinic) and must have clinic stamp. Not a Private Doctor or Hospital Doctor	
Certified Copies of ID (Children/Relatives & applicant) on the Application Form	
DQ98 Form (Assessment form completed by local Social Worker & score must be above 25)	
Social worker's Report	
Applicant's Signature and Date	
All Witnesses Signature and Dates	
Name of Undertaker and Phone Number (must be paid up) only not burial society	
House rules to be signed & read by relative & resident	
Allergies e.g.(Food)	
Residents on diapers, doctors script required	
3 months bank statement required	
Proof of address	

NB:Transfer letter from the local Clinic to be attached & script of medication will be requested on admission date

INITIALALLTHEPAGES

APPLICATION FOR ADMISSION

N.B. Where applicable, mark the answers with an "x" only, in the appropriate block.

1. Surname(in block letters): _____
2. ID No.: _____
3. First Names: _____
4. Present Address: _____

5. Telephone No.(If any): _____
6. Gender: _____
7. Date of Birth: _____
8. Age at last birthday: _____
9. Religious denomination: _____
10. Name of Church Minister: _____
11. Church: _____
12. Marital Status: _____
13. If married, full name of wife/ husband: _____
14. Allergies:- Foods: _____
Medication: _____
15. If a widow/widower or divorced, status date (or year): _____
16. Home language: _____

17. Arrangements if funeral policy is paid up:

- ▶ Policy Name: _____
- ▶ Policy No: _____
- ▶ Name of undertaker: _____ PhoneNo.: _____

18. Names, address and telephone numbers of children:-

NAME	SURNAME	CONTACT NO	ADDRESS	RELATIONSHIP

19. Who of the abovementioned would be the main contact persons?

- _____
- _____
- _____

20. What are the hobbies and interests of the applicant?

MEDICAL REPORT IN RESPECT OF AN APPLICATION

1. Complaints of applicant (History, Symptoms previous treatment and any hospitalization)

2. General Examination:-

a) General physical and nutritional state: _____

b) Respiratory system: _____

c) Cardiovascular system: _____

d) Blood pressure (to be taken in all cases): _____

e) Genito-urinary system (urine to be tested in all cases): _____

f) Digestive and other abdominal systems: _____

g) Muscular and skeletal system (state defects): _____

4. Please complete the attached frailty evaluation report:

Operations

Nature

Hospital

Serious Illnesses

Nature

Hospital

Injuries

Nature

Hospital

Medical treatment during last 3 years:

- a) E.C.G. YES/NO
- b) X-rays YES/NO
- c) Other investigations YES/NO

Treatment Received for illness by Doctor

Nature of illness/investigation	Date	Doctor

Present medication:

Any further medication:

Medical Practitioner:

11.2 HOME ADMISSION AND DISCHARGE POLICY, PROCEDURE AND CONDITIONS

Procedures:	Ikhaya Loxolo Lase	Code / No:	2022/10/02/17
Effective date:	1 April 2022	Revise by:	M.W Alexander
Controlling Officer:	Facility Manager	Signature:	
Approving Officer:	Chairperson	Signature:	

All residents and admitting relatives agree that, if an applicant is admitted to the home for the aged as a resident, to abide by the regulations contained in this Admission and Discharge Policy, Procedure and Conditions. This policy applies to all residents and is retrospective.

All residents and admitting relatives waive and release any and all rights to claim any damages of whatsoever damage from Ikhaya, its directors, employees, and/or agents, emanating (whether directly or indirectly) from the operations of iKhaya.

All residents and admitting relatives indemnify Ikhaya, its directors, employees and/or agents and hold them harmless against any and all claims which may arise emanating (whether directly or indirectly) from Ikhaya's operations, including without limitation, any claims relating to losses, injuries or deaths, (including all third-party claims).

11.2.1 ON ADMISSION

- 11.2.1.1. Boarding and lodging must be paid in full prior to person being admitted. (100% of SASSA Grant) until registration for subsidy is completed with DSD.
- 11.2.1.2. Applicants must be 60 years and older – No applicants under 60 years will be admitted.
- 11.2.1.3. Board & Lodging fees directly linked to the SASSA Pension Fund and adjusted accordingly.
- 11.2.1.4. Admitted Residents must pay full board and lodging – No pro-rata or refunds allowed.
- 11.2.1.5. Board & Lodging fees must be paid by no later than the 7th day of each month in advance.
- 11.2.1.6. It is compulsory for all admitted residents to use the home pay point.
- 11.2.1.7. Residents utilizing the pay point system will not receive any change or “pocket money”.
- 11.2.1.8. In respect of Residents who are unable to manage their finances excess funds will NOT be handed over to the relatives or third parties and same will apply to any monies held in trust.
- 11.2.1.9. The following personal consumables will be supplied to each resident at least once a month:
 - 1 Bath soap
 - 1 Blue Seal Vaseline
 - 1 tube of tooth paste
 - Adult diapers as and when required
- 11.2.1.10. Relatives must inform the office in writing of any change of responsible persons and contact details.
- 11.2.1.11. Admitted Residents must bring current medication and all clothes must be clearly and permanently marked. Ikhaya will provide bedding, including sheets, pillows, blankets and pillow cases.
- 11.2.1.12. Ikhaya reserves the right and at its sole discretion to transfer any resident from or within one room / block / pod to another including to another facility that caters for the need of the resident.
- 11.2.1.13. All admitted residents are only allowed to have essential and minimum belongings in their respective bedrooms excluding personal furniture, food, utensils and appliances. Ikhaya has the sole discretion to place all excess personal belongings in storage.
- 11.2.1.14. Resident must be vaccinated against any virus or pandemic and must produce a vaccination certificate.

NOTE: ALL DONATIONS RECEIVED ARE NOT THE PROPERTY OF THE RESIDENT OR THE FAMILY AND REMAIN THE PROPERTY OF THE IKHAYA.

11.2.2 FUNERAL SCHEME FUNERAL SCHEME

iKhaya has a non-compulsory funeral package that may be joined by the resident's family separately and for their own cost. It is the responsibility of the resident and or the family to ensure that a funeral policy is in place.

11.2.3. VISITING HOURS

11.2.3.1. Visiting hours are from 11:00 – 15:00 every day. No visitors is allowed after hours, UNLESS there is an absolute EMERGENCY pertaining to the resident.

11.2.3.2. Visitors must complete their personal information in the VISITORS BOOK at the iKhaya Security Gate and detail their names, time, the person they are visiting and telephone numbers.

11.2.3.3. Visitors must also write down any comments, complaints, grievances or request in the VISITORS RECORD BOOK.

11.2.3.4. Monthly and daily authorization for residents who wish to visit their family or go shopping will be issued on written request and must be approved by the Facility Manager.

11.2.4. HEALTH AND SAFETY

11.2.4.1. Relatives are not allowed to bring in any cooked food including take-aways for the residents. ONLY Fruit and soft drinks are allowed.

11.2.4.2. iKhaya is responsible for the catering of residents. Food parcels are to be declared at the SECURITY GATE. Residents are to adhere to the prescribed and approved dietician's menu.

11.2.4.3. Relatives are not allowed to bring medication for the residents, all medication brought in should be declared at the SECURITY GATE, the officer will then inform the relevant staff and Facility Manager.

11.2.4.4. iKhaya is responsible for the health and safety of the residents. Registered officers are the only persons allowed to administer medication to the resident as prescribed.

11.2.4.5. The Nursing Staff together with the Facility Manager are responsible for referring residents to any medical facility.

11.2.5. VALUABLES

Relatives are advised not to bring expensive valuables to the residents, as the iKhaya will not be held responsible for any damages or loss incurred by residents.

11.2.6. RELATIVES MEETING

iKhaya's management will give notice and call regular meetings for relatives as it is mandatory for these meetings to be attended by family members or relatives. Meetings will be held at least 4 times per year to update relatives on the resident's well-being and any new developments or changes.

11.2.7. INTERNAL DISCIPLINE

11.2.7.1. iKhaya has strict policies, procedures, rules, regulations and a code of conduct to maintain peace, safety, security, order and a conducive environment in the best interest of all residents.

The following rules will be strictly enforced:

- 11.2.7.1.1.** No smoking in the iKhaya building or in the common areas of the facility,
- 11.2.7.1.2.** No Alcohol,
- 11.2.7.1.3.** No Drugs,
- 11.2.7.1.4.** No Abuse (verbal, mental or physical or sexual),
- 11.2.7.1.5.** No fighting,
- 11.2.7.1.6.** No insulting,
- 11.2.7.1.7.** No damages to iKhaya's property

- 11.2.7.1.8.** No drunkenness and rowdiness are allowed and consequence management will be strictly applied.
- 11.2.7.2.** Any resident, who commits any of the aforesaid offences or criminal offence of any nature or who commits a serious breach of the Older Persons Act or any of the policies, procedures or code of conduct, will be discharged from facility with immediate effect.
- 11.2.7.3.** IKhaya reserves the right to report any criminal offences committed to the SAPS for further investigation.
- 11.2.7.4.** Any resident who damages the property of Ikhaya will be liable for the cost of repair and or damages caused. This also applies to the family of the resident.

11.2.8. QUERIES

All queries, communications or requests must be strictly directed in writing to the Facility Manager.

11.2.9. ON DISCHARGE

- 11.2.9.1.** Residents may be discharged or for the following reasons namely:
 - 11.2.9.1.1.** Serious Misconduct or Criminal offences
 - 11.2.9.1.2.** Willful or negligent acts – bringing IKhaya into disrepute, defamation, Gender Based Violence etc.
 - 11.2.9.1.3.** Resident or relative may apply for a voluntary discharge by giving 30-day's notice in writing.
 - 11.2.9.1.4.** In the case of an emergency discharge request including proof must be provided to validate the discharge of resident. No reimbursement of funds will be considered.
- 11.2.9.2.** 1 (one) Months' written notice & full board & lodging amount letter must be submitted to the Administration Department. (All residents must serve the notice period of 30 days with full amount paid for board & lodging).
- 11.2.9.3.** In the event of a resident passing away on or after the 7th of the month, the Board & Lodging and/or Sassa grant will not be refunded.
- 11.2.9.4.** ANY monies held in trust belonging to any resident may be used by the facility to procure consumable items for the resident such as adult diapers or toiletries. No monies or any refunds will be paid over to third parties or relatives as prescribed in the SASSA Guidelines.
- 11.2.9.5.** Documentation must be completed by the resident or relatives should they require funeral cover.
- 11.2.9.6.** All known personal belongings of the residents will be handed over to resident or relative on discharge. Missing and or stolen items are claim exempted.
- 11.2.9.7.** The resident's medical file must be transferred to the Gugulethu Day Hospital by the family or relative on admission and proof must be provided.
- 11.2.9.8.** Initial medication of the resident will be handed over to the resident / relative on discharge.
- 11.2.9.9.** The Gugulethu Day Hospital Smart Card will be handed to the resident / relative plus the Medical Specialist appointment cards e.g., Groote Schuur Hospital.
- 11.2.9.10.** As long as the resident has not been officially discharged, the resident remains the responsibility of IKhaya even during times that the resident has been referred to hospital.
- 11.2.9.11.** The resident's name will be cancelled from the admission book.
- 11.2.9.12.** Residents are welcome to re-apply for admission.
- 11.2.9.13.** Previous tenancy will not be considered as a recommendation.

NOTE: RELATIVES ARE NOT ALLOWED TO TAKE TOILETRIES, CLOTHING, BLANKETS OR ANY ITEM FROM THE HOME AS THESE ARE THE PROPERTY OF THE HOME. THIS WILL BE REGARDED AS A CRIMINAL OFFENCE AND THE HOME WILL HAVE THE RIGHT TO LODGE A CASE OF THEFT.

INDEMNITY, WAIVER AND RELEASE

I the undersigned hereby:

1. Declare that the information in this application form is to the best of my knowledge true and correct.
2. Undertake furthermore, if admitted to the home for the aged as a resident, to abide by the regulations contained in the above iKhaya Admission Policy, Procedure and Conditions.
3. Waive and release any and all rights to claim any damages of whatsoever damage from iKhaya, its directors, employees, and/or agents, emanating (whether directly or indirectly) from the operations of iKhaya; and
4. Indemnify iKhaya, its directors, employees and/or agents and hold them harmless against any and all claims which may arise emanating (whether directly or indirectly) from iKhaya's operations, including without limitation, any claims relating to losses, injuries or deaths, (including all third-party claims); and
5. Warrant that if I am signing this INDEMNITY, WAIVER AND RELEASE in a representative capacity, that I am indeed duly authorised to represent and bind such person, and in any event bind myself in my personal capacity.

Signed at _____ on the _____ day of _____ 20_____

Residents Signature Assisted by (main relative):	
Main Relative Signature:	
Witness 1 Signature:	
Witness 2 Signature:	

IKhaya Representative Signature:	
IKhaya Facility Manager:	
Witness 1 Signature:	
Witness 2 Signature:	