



**NPC No2015/293015/08**  
**Steve Biko Drive,**  
**Gugulethu, 7750**  
**Opposite Gugulethu Mall**  
**Tel: 021 638 5144**  
**Fax: 021 638 5188**

**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
- ID
- SASSA Card
- Payment information: 100% Sassa Income - Increase Yearly
- 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)	
Covid-19 free certificate from clinic confirmed by doctor (laboratory result)/vaccination card	



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

**APPLICATION FOR ADMISSION TO AN OLD AGE HOME**

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

1. Surname (in block letter): \_\_\_\_\_
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 domination: \_\_\_\_\_
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: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

NAME	SURNAME	CONTACT NO	ADDRESS	RELATIONSHIP

19. Who of the above mentioned would be the main contact persons?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL REPORT IN RESPECT AN APPLICATION**

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

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2. General Examination: -

a) General physical and nutritional state: \_\_\_\_\_

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b) Respiratory system: \_\_\_\_\_

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c) Cardiovascular system: \_\_\_\_\_

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

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

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f) Digestive and other abdominal systems: \_\_\_\_\_

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g) Muscular and skeletal system (state defects): \_\_\_\_\_



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4. Please complete the attached frailty evaluation report:

**Operations**

Nature

Hospital


**Serious Illnesses**

Nature

Hospital


**Injuries**

Nature

Hospital


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**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:

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Any further medication:

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## IKHAYA LOXOLO OLD AGE HOME

### ADMISSION POLICY, PROCEDURE AND CONDITIONS

Date:	Resident#:
<b>ADMISSION AND DISCHARGE POLICY</b>	
<b>SOURCES OF INTAKE</b>	
<ul style="list-style-type: none"> <li>Hospital and respite Centre referrals</li> <li>Social development referrals</li> <li>Direct applications</li> </ul>	

<b>THIS HOME CATERS FOR:</b>		<b>TICK</b>
<b>Old and Frail persons 60 years and older ONLY</b>		
<b>SOURCES OF INTAKE</b>		
Hospital and Respite Centre referrals	<input type="checkbox"/>	
Social Development referrals	<input type="checkbox"/>	
Direct application	<input type="checkbox"/>	
<b>ADMINISTRATIVE REQUIREMENTS</b>		
Completed iKhaya Admission application form	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Collect application from reception / request by email</li> <li>Complete a formal pre-assessment</li> </ul>		
Medical report completed, signed and stamped by Doctor	<input type="checkbox"/>	
Identity Document	<input type="checkbox"/>	
SA Bar Coded Identity Number – No photo copies	<input type="checkbox"/>	
Confirmation of grant from SASSA – SASSA Card & Bank card	<input type="checkbox"/>	