

APPLICATION FOR RESIDENCY



Attached please find the following:

1. Application form
2. Declaration of Income
3. Declaration of Assets
4. Declaration of Medical Report
5. Frail Care Facilities

The following are conditions to being admitted to Abbeyfield:

1. Applicants must be over the age of 60
2. Proof of income
3. Income and Asset sheet and Bank Statements compulsory (no older than 3 months)
4. Completed Medical Report
5. Funeral Policy
6. Living Will if applicable and Will and Testament
7. Certified Copy of Identity document
8. Certified Affidavit from Nominee/Next of kin to prove he/she will stand a surety for applicant
9. Proof of registration with a frail care facility (to be brought forward within three months)
10. Certified Copy of Sassa card
11. Suitable photograph

The above-mentioned documentation must be completed in full, certified and sent back to us as soon as possible.

*The Department of Social Services requires **proof of income** with every new application and admission. The proof of income must include pension payments, certificates stating interest accrued on investments or any other income. Proof of income must not be older than 3 months.

No application will be considered for approval if the above-mentioned documents are not fully completed and attached



All Questions marked with * is compulsory

	APPLICANT	SPOUSE / PARTNER
* SURNAME:		
*MAIDEN OR FORMER SURNAME:		
*FULL NAMES:		
*IDENTITY NUMBER:		

*RELATIONSHIP STATUS:

Married: Divorced: Single: Partnered:

WITH WHOM ARE YOU CURRENTLY STAYING, PLEASE PROVIDE DETAILS:

IN WHICH ABBEYFIELD HOME DO YOU PREFER TO LIVE?

*DEMOGRAPHIC INFORMATION:
(For statistical purposes only)

*GENDER: Male Female

*CONTACT DETAILS:

*Self:	Address:		Postal Code
	Tel (h)	(W)	(Cell)
	Email:		
*Next of Kin:	Name:		
	Tel (h)	(W)	(Cell)
	Address:		Relationship:

Reference (1)	Name:		
	Tel (h)	(W)	(Cell)
	Address:		
		Relationship:	

Reference (2)	Name:		
	Tel (h)	(W)	(Cell)
	Address:		
		Relationship:	

YOUR RELIGION: _____

NAME OF YOUR RELIGIOUS LEADER: _____

***DO YOU RECEIVE A STATE GRANT:**

If yes, please indicate the total of all grants:

Yes: No:
R

***INCOME**

- Please complete attached declaration of income (see attached)

***ASSETS:**

- Please complete attached statement of assets declaration (see attached)

***MEASURE OF SELF-DEPENDENCE:**

	YES	NO
DISABILITY: Do you or your spouse /partner suffer from any specific ailment or disability e.g. diabetes, epilepsy, deafness, etc.(If yes, specify) <i>If yes, please elaborate:</i>	<input type="checkbox"/>	<input type="checkbox"/>
*Can you walk outside without difficulty?	<input type="checkbox"/>	<input type="checkbox"/>
*Can you walk indoors without difficulty?	<input type="checkbox"/>	<input type="checkbox"/>
*Can you bath without help?	<input type="checkbox"/>	<input type="checkbox"/>

*Can you dress without help?	<input type="checkbox"/>	<input type="checkbox"/>
*Can you have your meals without help?	<input type="checkbox"/>	<input type="checkbox"/>
*Can you wash without help?	<input type="checkbox"/>	<input type="checkbox"/>
*Are you mostly bedridden?	<input type="checkbox"/>	<input type="checkbox"/>
*Have you control over bladder and bowel functions?	<input type="checkbox"/>	<input type="checkbox"/>
*How good is your general health:		
Generally good	<input type="checkbox"/>	
Changeable	<input type="checkbox"/>	
Weak	<input type="checkbox"/>	

How long have you and your partner lived in the Western Cape?

Applicant:	
Partner:	

DECLARATION AND CONSENT

1. I declare that all information provided is true and correct to the best of my knowledge.
2. I understand that any misinterpretations I may supply to Abbeyfield may render me ineligible for Abbeyfield accommodation.
3. I authorise Abbeyfield to undertake any enquiries necessary to arrive at a decision concerning my application.
4. I understand that should my application be successful, I would be required to furnish my own room.
5. I understand that Abbeyfield homes do not offer assisted living or frail care and that all residents must qualify as independent (Category 1).
6. I understand that Abbeyfield may require medical assessments from health care practitioners selected by Abbeyfield in support of my application.
7. I understand that should Abbeyfield SA require any medical assessment in support of my application that the costs of such assessments will be for my own account.
8. I understand that should Abbeyfield SA require any financial records, proof of income, bank statements or any other financial or tax related information that failure to submit the requested information will disqualify my application.
9. I understand that Abbeyfield SA may require that a surety agreement be entered into with relatives and / or my children and that failure to secure such agreements may disqualify my application.

10. I understand that should my application be accepted and I be placed on the Abbeyfield SA accommodation waiting lists that all waiting lists are cleared after six months and that I will then be required to re-apply by completing and submitting the Supplemental Application, Annexure "A" hereto.

I understand that terms, conditions and house rules apply. I also understand that by submitting this application in no way guarantees me a placement Abbeyfield SA accommodation.

Signature Applicant:		Signature Spouse:	
Date:		Date	

OFFICE USE ONLY

NAME:		
REF NO:		
STATUS	DATE	NOTES