



Application for Admission for Dependent Living

Randjeslaagte Road, Highlands North, Johannesburg 2092

PO Box 565, Highlands North, 2037

Telephone number – 011 887 8160 / 011 440 4441

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Email address – info@randjesestate.co.za or yolanda@randjesestate.co.za

Website – www.randjesestate.co.za

DEPENDENT LIVING (CARE FACILITY) APPLICANTS

Introduction

Randjes, established in 1936 is a beautiful Estate, which offers the following Care Facilities:

- Mid Care and
- Frail Care.

We also offer Life Right Units and Rental accommodation (Bedsitter units). Should you wish to put your name down for Independent Living Facilities, please fill in the Independent Living Application form.

Our Care Facility offers

- Three meals per day, which include gastric and soft diets but no specially prepared meals are available.
- Help with bathing
- Assistance with dressing
- Help with bed making
- Monitoring of medicines (where necessary)

Smoking

Owing to past experience smoking is no longer permitted in the care facilities and therefore we cannot accept applications from smokers for Care accommodation.

Sureties

As a non-profit organization, we are unable to finance Residents who cannot meet their rental payments, consequently any amount remaining unpaid for a period of 60 days could lead to the discharge of the Resident from the care facilities of the Estate.

We may require family members to sign surety for the obligations of the Resident. Our rental fees or any increase is paid by monthly debit order in advance.

Medical

All Residents are responsible for any medical costs and arrangements for these will be the responsibility of the resident, their family or guarantor

Community/Harmonious Living

As you will undoubtedly appreciate, the maintenance of an amicable relationship between Residents is of utmost importance if a harmonious living style is to be achieved. Randjes Estate, therefore, reserves the right to terminate any agreement and discharge any person whose behaviour disrupts or adversely affects other residents and the ambience we strive to attain.

Offer and Cost of Accommodation

Before accommodation can be offered and confirmed, the prospective Resident would need to resubmit financial statements and have a medical examination with the Estate Doctor, and see the Care Residents' Manager, before the offer of accommodation will be confirmed and the prospective Resident is accepted onto the Estate.

Attached, please find the price list for our Care Facility Accommodation, or consult our website for current prices – www.randjesestate.co.za

General

- Should a Resident wish to vacate the accommodation at any time, one calendar month's written notice is required.
- While safety is of utmost concern to us, Randjes Estate cannot accept liability for any injury to any Resident. Also, whilst precautions are taken to prevent theft, no responsibility is accepted for losses or damage of any kind.

Admissions' List Deposit and Admin Fee

The following fees are payable before your application can be processed.

It is imperative to pay the annual administration fee as this indicates to us that you are still interested in remaining on the waiting list.

Rental Admissions' List deposit - non-interest bearing (refundable only on entry into the Estate)	R1 000-00
Annual non-refundable administration fee for all applicants	R 200-00

Randjes Estate Banking details (Please note we do not accept cheques.)

Our banking details are as follows:

Name of Account: Randjes Estate
 Name of Bank: First National Bank (FNB)
 Account Number: 6277 533 9924
 Branch Code: 210554
 Branch: Commercial Account Services
 Swift code: FIRZAJJ

APPLICATION FOR RANDJES ESTATE

Please note that in the case of couples **each** individual is to complete a form.

Surname _____ Prof/Dr/Mr/Mrs/Miss/Ms _____

Initials _____ Forenames _____

Physical Address _____

_____ Postal code _____

Telephone Nos - Home _____ Work _____

Cell _____ Email _____

I.D. Number _____ Date of Birth _____

South African Citizen? **YES / NO.** If no, citizen of which country? _____

Place of birth _____ Religion _____

Occupation or previous occupation _____

Hobbies and interests _____

Marital status _____ If married, full name of spouse _____

If sharing with another person, name of person _____

Pension Scheme and Number _____

Medical Aid Scheme, Type and Number _____

How did you get to know about Randjes Estate? _____

NEXT OF KIN AND / OR OTHER CONTACTS

1st Next of Kin / Contact Person _____

Relationship _____

Physical home address _____

Postal code _____ Email address _____

Home Tel _____ Work _____ Cell _____

2nd Next of Kin / Contact Person _____

Relationship _____

Physical home address _____

Postal code _____ Email address _____

Home Tel _____ Work _____ Cell _____

STATEMENT OF INCOME AND ASSETS

Separate statements must be made by each individual. Supporting documentation on income and assets **MUST** be supplied with this application form, we will not be able to process your application without the supporting financial documentation.

SECTION A – CURRENT INCOME

My total pension is in excess of (this **excludes** income earned from assets)

R 8 000	R 10 000	R12 0000	R14 000	R16 000	R18 000+
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Is your pension inflation linked? (Please tick which applies): **YES / NO**

SECTION B – ASSETS

This should include income derived from property that is let.

My total assets available for the generation of income are valued in excess of

R 2 000 000 +	R3 000 000 +	R 5 000 000 +	R7 000 000 +	R10 000 000 +
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What monthly income do you derive from these investments? R _____

Present value of my house / flat / apartment (not included above)? R _____

I **will / will not** have to sell my abode to generate the income to buy a unit at Randjes Estate.

SECTION C – OTHER MONTHLY INCOME

From family / friends R_____ per month or per year.
(Family or friends supporting you will need to sign surety).

Declaration of income and assets specified above

I _____ declare that the foregoing information is a true statement of my financial position.

Signature _____ **Date** _____

Witness name _____ **Signature** _____ **Date** _____

ACCOMMODATION REQUIRED

Preferred care type – choose one - see BOX →

Do you have any friends already living here? Please give details.

References _____

CARE FACILITIES

Mid Care and Courtyard – some nursing supervision, help on call and supervision of medication.

Frail Care – 24 hour nursing including Alzheimer/ Dementia facilities

MEDICAL HISTORY

To assist the medical officer and in the interest of prospective residents, it is essential that all details concerning any previous serious illness, recent operations or accidents and approximate dates should be recorded. Any relevant information regarding unusual reactions to medicine should be included.

1. Physical Health

Please state below any recent illness, operations, injuries, period spent in hospital with dates.

i) _____

ii) _____

iii) _____

Any chronic problems should be disclosed _____

2. Mental Health (latest report from the Doctor is required)

Have you received any treatment in a hospital? **YES / NO**. If yes, please specify.

i) _____

ii) _____

Any chronic problems should be disclosed _____

Do you suffer from **CONFUSION / AGGRESSION / DEPRESSION**? If so, please give details.

3. General Health

Do you use a stick, walker or wheelchair? _____

Do you use a hearing aid? If yes, is your hearing dull or are you deaf? _____

Is your eyesight good, fair or poor? _____

Is your speech good, fair or have you suffered any loss of speech? _____

Do you require any assistance? If so, in what ways? _____

Are you on a special diet? If so please specify. _____

Do you smoke? If so, how many per day? _____

Please note that Smokers are **NOT** admitted into any care facility.

Allergies (Food / Medicine) _____

Note: We do not have facilities to cater for people with an alcohol or drug addiction problem. If you have not made this clear and a problem becomes noticeable after taking up residence here, you will be asked to leave within 60 days.

We trust that you will appreciate that we have a Committee who reviews all applications.

I declare the above information is a true statement of the facts.

Signature _____

Date _____