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An AFM Welfare Residential Care Facility for Older Persons

■ NPO Reg. No: ■ PBO No. 18/11/13/1456 (SARS E-Filing: 130001456)

ADMISSION CONTRACT BETWEEN AFM HOME FOR THE AGED

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GLOSSARY OF TERMS:

AFM Home:

AFM Home is a Christian, non-profit organization, which strives to provide a safe haven for care-bearing elderly, without discrimination of any kind. It addresses the holistic needs of the elderly through statutory approved programs under the direct leadership and supervision of the AFMEWC (AFM EXECUTIVE WELFARE COUNCIL).

Management Board:

AN elected committee compiled according to AFM Home's constitution and household rules.

Management:

Manager and staff responsible for the daily / operational management of the Home / program.

Authorized / Responsible Representative:

The responsible person appointed by the client himself, or by court, or in terms of a relationship – appointed to apply for services and / or to take care of the interests of the client or to act on behalf of the client.

Ombudsman:

A person designated according to the state's prescribed procedure to investigate complaints from clients about abuse, exploitation and mistreatment, and act as mediator and advocate to protect the rights of the client.

Client:

Direct consumer of services eg. An older person; person with disabilities.

Frail Care:

It is a department within a home where an older person is placed on the basis of the prescribed criteria, application forms, professional reports and measuring instruments to receive physical and / or psychological care and supervision.

Assisted Living:

The provision of affordable, safe and accessible accommodation in single or double rooms in the Home's main building, with access to support services for active older persons who are independent with or without auxiliary devices and which provide a form of supervision and assistance with regard to their daily activities required.

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EFT:

Electronic Fund Transfers (also known as "internet banking)

Kitty account:

expens by fam	an account in which management on behalf of clients keeps their fees for use of ses according to their personal needs. Possible inflow of fees are pensions and payments ily and the outflows, eg. nail care, hair care and pocket money. This account may NEVER negative balance and clients cannot borrow from the account.
1.	Date of commencement of service:
	Cliental care: Services will begin on
	and terminate with death or on
2.	Probation Period:
	A mutual adjustment period (probation period) of 3 months is applicable.
3.	Photo:
	The client will not be allowed without the submission of 4 clear recent ID size photos of Himself/herself.
4.	Identity Document:
	Certified copies of the identity document of the client and his / her authorized Representative/'s must be attached.
5.	Scope of service:
	5.1 Type of accommodation (description):
	Indicate with "X"
	Weakened care (Frail care)
	Room (Assistant care only)
	5.2 The client is accepted into a

- (eg. single room / share room / ward)
 - Placement is done according to the information on the application forms and
 - When the placement is no longer applicable to the client's physical and



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psychological well-being, the Management reserves the right to make shifts.

 Expenses in respect of shifting from one department to another are for the clients <u>Or</u> the authorized responsible person/ <u>or</u> authorized representative person/s Account.

5.3 Cleaning Services:

For example:

- The Home takes responsibility for cleaning the room / ward.
- The client is responsible for the general cleanliness of the room, within his or her capacity. Cleaning services are delivered daily.

5.4 Food and refreshments:

- Three balanced meals are provided daily.
- Meals are eaten in the dining room unless otherwise arranged by the Board.
- Tea / coffee is provided with meals as well as twice a day thereafter.
- Special diets are only provided with a doctor's recommendation or on the recommendation of the nurse.
- Food is prepared with artificial sweetener, low salt and spices and minimum use of oils and fats, to be overall diabetic, high blood pressure and cholesterol friendly.

5.4 Bedding / Clothes / Towels / Toiletries:

• The client is responsible for providing his / her own bedding, curtains and blinds in the Assisted Living rooms.

OR

- In case the client is admitted to the Frail Care, the following bedding is provided at an amount of R500.00. (sheets, pillowcases, rubber covers, and mattress covers.) It remains the property of the Home. The amount is non-refundable.
- In Assisted Living, bedding / clothing must be clearly marked (initials and surname).
- <u>Frail Care bedding is not marked</u>. Two new unmarked bath towels must be handed in at the <u>office</u> upon admission to the Frail Care.
- No iron-on labels as it will easily come loose during washing.
- All personal articles must be maintained, kept and replaced by the responsible person.

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- Curtains / blinds must comply with the aesthetic requirements of the Home according to the house rules (eg. color).
- The client or responsible representative remains responsible for any toiletries that the client will need during his / her stay in the Home.

Each client must already bring the basic toiletries with upon admission: Soap, baby powder, shampoo, aqueous cream, toothpaste, anti-perspirant (roll-on), toothbrush, 2 x marked washcloths (One for face and one for body), disposable razors (men and women shaving).

5.6 Furniture and structural changes

Assisted Living:

- For standard care, the client is allowed to have only the following furniture in their rooms: 1 x bed; 1 x bedside table; 1 x chest of drawers; 1 x chair. Only carpets that cover entire floor allowed, no small or loose rugs.
- No electrical equipment such as boilers or microwaves are allowed in rooms. Only 1 x blower heater for winter and 1 x fan for summer. For Client's own account.
- The client in an Assisted Living unit must ensure that furniture does not compromise cleaning services and threaten safety standards. The Assisted Living unit must be a safe environment for clients, cleaners and caregivers.

5.7 Personal requirements:

For example:

- All personal and valuable items are kept at the client's own risk. No claim may be made against the management or staff members of the program in case of loss of property in the building or on the premises of the program.
- Money or valuable articles eg. Jewelry can be handed to the secretary for safe custody.
- The personal requirements such as clothing and furniture are determined by the Management Board in the House rules.
- The client is responsible for the insurance of his / her private property / belongings.
- Mobile phones and mobile phone chargers are not the responsibility of the organization and are kept at your own risk at the client's expense.
- Mobile phones are only allowed in Frail Care at your own risk.
- If a client is or become incontinent it is a requirement that incontinence products, eg. Adult Diapers as required by the care staff are provided.

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 Your choice regarding the provision of Adult Diapers:
Please note Adult Diapers/Incontinent account is payable in advance
Choice 1
Ihereby undertake to supply
Choice 2
Ihereby undertake to advance an amount of R before the 1st day of a calendar month at the AGS's Administrative Office to pay for packs of adult diapers according to the needs of the client/ or as requested by the care staff. I understand that the number of adult diapers of the client can change according to the needs of the client and I undertake to adjust or reduce the amount of payment as requested.
Signature of client / proxy:

• The client agrees that upon admission, he / she understands that only basic services as agreed will be in a Assisted Living unit. If a client is not included in the Frail Care section, care will only be assisted care at the discretion of the Management and Principal Nurse.

5.8 Care and medical services:

- The client notes that as part of his / her hygienic care, he / she will be bathed, showered or full body washed daily depending on his / her care plan, should he / she may not be able to do it himself/herself anymore.
- The client / proxy / responsible representative understands and agrees that <u>upon admission</u> <u>copies of all medication used by the client, must be handed to</u>
 the Head: Care Services/Principal Nurse.

It is the responsibility of the client / authorized representative / responsible representative to ensure that where the medication prescribes or adjustments to dosages are made, the records are amended accordingly to the Head: Care Services.

The client / proxy / responsible representative understands and agrees that upon admission to the Home, the Head: Care Services administers all medication. NO VERBAL ORDERS RELATING TO THE CLIENT'S MEDICATION OR CARE, GIVEN TO CARERS OR NURSING STAFF WILL BE CONSIDERED AT ALL. ONLY WRITTEN ORDERS / PRESCRIBES FROM A MEDICAL DOCTOR ARE CONSIDERED.

 Any changes to care plan or schedule medication are only made with a written prescription from a medical expert, doctor or specialist.

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- Pills are "blistered", it remains the responsibility of the client / proxy / responsible representative. During the interview with the Senior Nurse, she will explain this process. This is compulsory.
- Management must be notified and approve private caregivers in rooms. Private caregivers
 are not protected by the institution with regards to injuries, etc., they do not share in the
 privileges or rights of the institutions staff. Private caregivers are paid by the client / proxy /
 responsible representative for the service. Private caregivers are not exempted from the
 general rules of the Home or Section.

Furthermore, in general:

- The client is responsible for his / her own medical practitioner if the person does not make use of the state's health services, including doctors / clinics / dentists / ophthalmologists and hospitals.
- Power of attorney is given to the Management of the Home in respect of decisions regarding medical treatment of the client in an emergency or in cases where the responsible / representative / proxy person is not immediately and readily available.
- If someone else is granted permission to take out / transport the client and the client is not accountable, the authorized person must make the necessary arrangements and sign the consent form available at the office of the administrative and chief nurse.
- Only care services are provided at the Home.

The client / proxy / responsible representative is responsible for the medical costs. If a client is self-sufficient at admission and becomes impaired due to any medical condition and will require additional or prescribed medical services, whether chronic or not, such additional services or goods used by the client, is for the client's account. in addition to the costs in accordance with the Service Level Agreement and whether or not the content of the Service Level Agreement provides for it.

- All resources eg. wheelchairs, walkers, etc. which is prescribed by the medical practitioner or Head: Care Services will be for the account of the client / proxy / responsible representative. It must be clearly marked.
- The client / proxy / responsible representative remains responsible for appointments and transport to and from health practitioners / hospitals / clinics.
- The client / proxy / responsible representative is responsible for the provision of his / her adult diapers.
- The client / proxy / responsible representative is responsible for his / her own oxygen and oxygen masks if the client needs it for the long term.
- The Frail care Unit has emergency oxygen.

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• Should urgent ambulance be arranged for a client in an emergency, it will be at the expense of the client / proxy / responsible representative (s).

5:9 Laundry Service:

- Laundry is done on a daily basis as required.
- No unmarked laundry will be washed or ironed.
- The repair and replacement of clothing and bed linen is the responsibility of the client according to the minimum standard of the program.

5.10 Program activities / development program:

The program provides for social / spiritual / cultural activities and the client's participation is completely voluntary.

6 Finance:

6.1 Monthly Accommodation Fees:

There are two classifications of income. Economic (Income over SASSA) and Sub-Economic (SASSA income only).

Assisted Living:

Currently tariffs are R 2,500.00 admission/registration fee and R 10,195.00 monthly accommodation fee.

Frail care:

Currently, Economy's rates are R 2,500.00 admission/registration fee and R 10,693.00 monthly accommodation fee.

Sub-Economics tariffs are R7,152.00 only after assessment by a state social worker.

Registration fees are payable before admission and monthly accommodation is payable on the 1st of each month. The admission/registration fee is not a deposit, therefore non- refundable.

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The accommodation is adjusted annually, with effect from 1 April of the relevant year, which adjustment will be determined by the management and which adjustment the client and / or his / her proxy will be bound to.

6.1.1 Notice will be given one month in advance of any adjustment of the monthly accommodation fee

- ➤ Payment of accommodation fee / levies must be paid in advance before or on the 26th of the month. Interest will be charged on late payments by 2% backdating from the 1st of the month to the date of payment.
- Accommodation fee or levy not paid by the client / proxy / responsible representative and not responding to the notice of the requests from the Management to settle arrears, the parties concerned will be handed over to an attorney of the management's choice. The attorneys will then recover the fees, claims with costs from the client / proxy / responsible representative of application.
- > The preferred payment methods of the Home are through debit orders.
- With the client's death, the relevant month's accommodation is still due. No refunds are paid.

6.2 Absence:

- No reduction of tariffs for any period of absence, regardless of the nature and circumstances of absence, is granted.
- The maximum period for continuous absence is 3 (three) months. If the period exceeds this period, approval must be granted by Management.
- No visitors are allowed to stay overnight in the rooms.

6.3 Accommodation fee in case of death:

- The client's full accommodation fee will be recovered in the month in which he / she dies.
- No refunds of already paid accommodation will be paid. Only kitty fees will be refunded after the accommodation is fully paid.
- All structural improvements / modifications / fixed components implemented by the client to the room / support unit with approval of Management, including TV antennas and dishes, remain the property of the Home. For this, the client does not receive a refund or compensation from the Home.

6.4 Method of payment:

Prepaid on or before 26 (twenty-six) of each month by debit order:



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ABSA bank

Account Name: AGS TEHUIS VIR BEJAARDES

Account Number: 3010140101

Branch Code: 632005

Reference: NAME / SURNAME AND ACCOMODATION

With admission it is a requirement that a proof document be submitted that debit order has been put in place at AFM Home at the client's / authorized representative's / responsible representative's financial institution.

Kitty (Client's savings) must be paid in cash monthly at the office or by debit order to the following account:

ABSA bank

Account Name: AGS BEJAARDES SPAARGELD

Account Number: 9332357659

Reference: NAME / SURNAME AND KITTY

6.5 Statement of income and expenditure:

AFM Home is a non-profit welfare organization. In order to use AFM's services, the clients / proxy / responsible representative must declare their income and expenses.

The client / proxy / responsible representative will submit a sworn financial statement on the prescribed form upon admission and after the expiry of each year that the client is in the Home.

The financial statement completed by the client / proxy / responsible representative (s) is used to calculate the accommodation fee / levy after taking into account deductions as approved by the Management Board. Should there be any doubts / inquiries by the Management Board regarding the information on the financial statement (s), the client / proxy / responsible representative (s) may be requested to hand in bank statements for 3 (three) months and a statement of liabilities and assets to Management of the program.

A client / proxy / responsible representative (s) who withhold any assets without a marketrelated or equivalent remuneration, will remain responsible for the client / authorized representative / responsible representative during the period that the client is included in the



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Home, for the payment of services on the assessment of costs as if he were still the owner of such asset and as if the asset was unlawful.

If the client is admitted in accordance with a fixed accommodation/levy fee and the service delivery costs exceed his income, the management will be entitled to charge the difference in accommodation / levy fees to the responsible representative (s).

No discount will be granted without the proper application of the client / proxy / responsible person, with clear proof of income and expenses of both parties. The Board of Directors reserves the right to request further evidence if necessary and to grant the rebate or not.

6.6 Administration of pension:

The Home is a pay-out point of the State. Government grants are received and used as predetermined for accommodation / levy fees and after that the remainder are kept in the client's (kitty) account or paid directly to the client or authorized person for the benefit of the client.

6.7 Closure of clients account with death or termination of services:

If a client leaves the Home (living or in death), the client / proxy / responsible representative has 30 days to pay outstanding accommodation fees to the program. The Home undertakes to communicate any balance due to the client / proxy / responsible representative and to settle for payment.

In the event of death, it is the responsibility of the proxy / responsible representative to provide details of the executor timeously.

6.8 Funeral Cover:

- The client is responsible for adequate funeral cover. The payment of the cover remains the responsibility of the client / proxy / responsible representative.
- The funeral book / policy document and ID document must be submitted to the Management in case of impaired care.
- If the client does not have a funeral policy, the client / proxy / responsible representative must decide and provide on admission to the Home, their choice of which Funeral Services will be contacted, and their services utilized.

OR

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AFM Home will use the services of Martins Funeral Services and the client / proxy / responsible representative will be liable and responsible for the full costs.

AFM Home also needs a copy of the client's death certificate

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Please indicate:

Name of Medical Aid Fund:	
Medical Aid Membership Number :	
House doctor:	Tel nr :

7 Accessibility of building [mobility]:

The client on admission, acknowledges and accepts the infrastructure and accessibility of the program .

8 Complaint Procedures:

- If the client / proxy / responsible representative (s) have a complaint, they are handled according to the Home's internal complaint procedures.
- It is expected of the clients / proxy / responsible representative that they will take note and be aware of the complaint procedure and will act strictly accordingly.

9 House rules within the program:

If the client's behavior or conduct endangers or disadvantages the staff, fellow clients and / or himself or her, the Management reserves the right to action that may lead to eviction.

If the client, next of kin or client's behavior, adversely affects service delivery; whether by breaking the contract or the house rules, the program may follow an internal disciplinary procedure that may lead to eviction.

10 Ombudsperson:

Complaints relating to intentional misconduct or gross negligence of personnel, eg. the abuse or exploitation of a person of any kind, must be immediately brought to the attention and reported to the Manager or Chief Nurse. If it is not resolved satisfactorily, it can be referred to the Ombudsman.

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11 Confidentiality:

- Management and staff undertake to treat client information confidentially. Only relevant information necessary for service delivery to the client will be discussed with his / her family / proxy / responsible representative; the multi-disciplinary team / Management and appropriate professional sources.
- Management does not take responsibility when clients / proxy / responsible representative exchange information about themselves or others amongst themselves.
- •Income and relevant information are provided to the Department as necessary.

12 Termination of contract and termination of services:

- 12.1 Client must give written notice to the Management 1 calendar month if he or she leaves the Home permanently. If the client refuses or fails to give such notice, the client / proxy / responsible representative will remain liable for a month's accommodation fee.
- 12.2 If the client is absent from the Home for more than 30 days without notice.
- 12.3 If the placement of the client during the probation period indicates that the the Home is not suitable for the client and / or vice versa.
- 12.4 If the client / proxy / responsible representative upon application has withheld essential information (eg. physical / psychological health, finance) to the Home for the application/approval/selection of service process or provided incorrect information.
- 12.5 Admission criteria: The client's needs have changed, and the person's profile no longer meets the original admission criteria.
- 12.6 Suspension due to misconduct and violation of the house rules.
- 12.7 Failure to comply with accommodation / levy fee obligations: As defined by this Service Level Agreement.

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13 Indemnity and Rights:

Note points 2 and 5.2 of page 3, as well as point 9 of page 11.

13.1 The client / proxy / responsible representative acknowledges that the Understand and grasps the contents of this agreement and that he / she has no medical condition that will affect the validity of the agreement.

Furthermore, the client acknowledges that the information regarding the client's physical and psychic condition is revealed to Management and nothing is withheld.

The reason could be that Management did not have the client present in the Home for the application interview, and information was withheld that could have changed Managements view, had they been aware of the condition.

Should any information be withheld and Management does not have the capacity to take care of a client as a condition would require, Management may cancel the agreement for admission summarily.

13.2 The Client agrees that should he/she no longer be competent to act the Authorized Proxy / Responsible Representative acquired the right to make arrangements to appoint a curator bonus for the client. The client and / or the authorized proxy/ responsible person is responsible for the costs. If no client representative is appointed and / or available, permission is given to the Board to temporarily make decisions regarding emergency treatment.

13.3 I	
[Client's full name / surname]	
and	Authorized ,
Responsible Representative [Full Name / Surname]	
that AFM Home's services consist, inter alia, of educational and social	work activities and knov
that the AFM Home will take all reasonable safeguards with regard to	the client's safety.
13.4 The client undertakes to indemnify the Home and Management,	staff and volunteers
any or all of the claims whatsoever associated with any loss or damage	to the client's personal
property or personal injury sustained during transportation, and / or b	efore, after and during
the performance of educational, social, work / workshop activities and	excursions.

13.5 The Management Board, staff or AFM Home will not accept liability in case of personal injury or loss of personal property in the buildings or on premises, or if the client left the premises without permission.

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- 13.6 The Client acknowledges that with the entering into this Agreement and any other Related agreements that have been closed:
 - 13.6.1 His privacy is respected at all reasonable times,
 - 13.6.2 he has been given the right to proper decision-making,
 - 13.6.3 proper disclosure of information between all relevant parties,
 - 13.6.4 Fair and reasonable requirements were set for entering into these agreements,
 - 13.6.5 he understands and considers the terms of the agreement reasonable given the nature of the services that will be provided

14 Undertaking by the following authorized representative / responsible representative:

NOTE: Written proof of appointment as proxy / responsible representative is required for record purposes:

- 14.1 Liability with regard to the payment of accommodation / levy fee:
- To take full responsibility for the costs of the applicant

(full name of client's accommodation / charge.)

- If the State subsidy ceases or changes, pay the full accommodation / charge as determined by the Management Board.
- That the accommodation is paid on or before the first working day of each month by debit order.
- Personal requirements eg. clothing and toiletries; adult diapers; oxygen; special food.
- 14.2 Responsibility regarding the listed client's accommodation and care: In case of termination of this agreement.

To take responsibility after the death of the client, to provide all necessary documentation and details regarding the Funeral service to Management as soon as possible. To collect the client's personal belongings within 24 hours from the Home.

- 15. The client / proxy / responsible representative hereby acknowledges receipt of the following documents, read it, understand the contents thereof and endorse it:
- Admittance Contract
- House rules

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• Complaints Procedure

Examples of documents that can be attached

- List of minimum labeled garments, bedding and toiletries
- Protocol for security cameras in residential facilities
- Entry- procedures
- Visiting hours and rules

16. Amendment (s) to this Agreement

This is the full and final agreement and the parties are not bound to any other agreement that is contrary to this Agreement unless add-ons with interested parties are consulted and written in writing as an addendum to this agreement.

Signed at	on the	day (of	20



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SIGNATURES:

Client: Mr. / Mrs[full name and surname]	
Signature:	
Witness 1: Full name and surname:	
Signature:	
Witness 2: Full name and surname:	
Signature:	



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PROXY / RESPONSIBLE REPRESENTITIVE 1	PROXY / RESPONSIBLE REPRESENTITIVE 2
Witness 1:	Witness 1:
Full name / Surname :	Full name / Surname :
Signature :	Signature :
Witness 2:	Witness 2:
Full name / Surname :	Full name / Surname :
Signature :	Signature :
Manager:	
Full name and surname:	
Signature:	_

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An AFM Welfare Residential Care Facility for Older Persons

■ NPO Reg. No: ■ PBO No. 18/11/13/1456 (SARS E-Filing: 130001456)

Witness 1:	Witness 2:					
Full name / surname:	Full name / surname:					
Signature:						
Signature.	Signature.					
ADDRESS OR EMAIL ADDRESS TO BE USED FO CORRESPONDENCE:	R MONTHLY ACCOUNT AND OTHER					