La Gratitude Home for the Aged

"The People Who Care"
Reg no: 031-383 NPO
Tel (034) 315 5466 OFFICE HOURS / Email: admin@lagratitude.co.za
P.O. Box 1418, Newcastle 2940
57 York Street, Corner of York and Bird Street
NEWCASTLE
2940
Email: admin@lagratitude.co.za Web address: www.lagratitude.co.za

APPLICATION FOR ADMISSION
BOARD AND LODGING CONTRACT

LA GRATITUDE HOME FOR THE AGED TRADING AS A FRAIL CARE FACILITY

NAME: _____

ID NUMBER: _____

ROOM REQUESTED	SINGLE ROOM		SHARING ROOM	
INCOME				
Sub Economic	SASSA		Pension	
Economic	SASSA	Pension	Investment	

FOR OFFICE USE ONLY:

Verification of documentation (please sign HOD):

Nursing Department	
Category (Nursing Department assessment)	
Social Work Department	
Financial Department	
Chief Executive Officer	

ADMISSION DATE_____

Kindly note that La Gratitude Home for the Aged is STRICTLY a NON-SMOKING FACILITY

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	Consent & undertaking of resident ito The Protection of Personal Information Act (POPIA)

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	Board and Lodging contract with application for admission CCTV cameras

LA GRATITUDE HOME FOR THE AGED

Admission Screening & Information Pack

INTRODUCTION

This Admission Pack outlines the process, requirements, and conditions for admission to La Gratitude Home for the Aged.

All applications must:

- Be fully completed
- Include all required supporting documents, and
- Undergo verification and approval before admission can be granted.

This process complies with the **Older Persons Act (Act 13 of 2006)**, **Department of Social Development (DSD) regulations**, and the **Protection of Personal Information Act (POPIA)**.

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1. ELIGIBILITY CRITERIA

- Only frail older persons aged **60 years and older** may be admitted.
- Applicants will be assessed holistically on financial, medical, psychological, and social needs.
- Admission depends on whether the Organisation can provide adequate services to meet the applicant's needs.

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2. ECONOMIC vs SUB-ECONOMIC CATEGORIES

- **Economic Category**: Applicants whose income is higher than the DSD pension threshold. These applicants are responsible for full payment of fees and do not qualify for subsidies.
- **Sub-Economic Category**: Applicants who qualify for Government subsidy.
    - Defined as: A person whose **only source of income is the state pension**.
    - Subsidy is not automatic — full financial verification will be conducted.
    - Subsidisation will be based on the DSD's **sliding scale**.

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3. CONDITIONS FOR SUB-ECONOMIC ADMISSION

A sub-economic applicant will only be admitted once:

1. A DSD Screening Certificate approving subsidisation has been issued.
2. A financial affordability assessment is complete.
3. Organisational approval is granted to cover any shortfall.
4. A signed surety is in place (by a family member or organisation-approved guarantor).
5. A full health status evaluation is submitted.
6. Copies of all chronic prescriptions are attached.
7. A psychiatric report issued within 30 days of admission is submitted.
8. A social worker's report is completed.
9. A home visit report by a social worker is completed.

---

4. DOCUMENTATION CHECKLIST

The following documents must accompany every application:

- Certified copy of applicant's ID
- Copy of Medical Aid card (if applicable)
- Spouse's death certificate (if applicable)
- SASSA pension card (if applicable)
- Bank statements (last 6–12 months) OR affidavit from SAPS if no account exists
- Proof of valid funeral policy
- ID & proof of address of authorised guarantor (surety)
- Divorce settlement agreement (if applicable)
- Legally binding **Living Will** (decision-making authority)
- Written details of who is authorised to make **financial and medical decisions**
- Written list of who may access the resident (brokers, bank officials, doctors, etc. – strictly by appointment only)
- Contact details of **Executor of Estate** with proof of address

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5. MEDICAL REQUIREMENTS

- A completed medical certificate with full history.
- A treatment plan, including chronic prescriptions.
- Dietary requirements (if any).

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6. ADMISSION PROCESS

1. Submit fully completed application with all supporting documents.
2. Contact social worker:
    - Either applicant's local social worker (free), OR
    - La Gratitude social worker (home visit at applicant's residence, at **resident's cost** – payable immediately after assessment).
3. Assessment interview with:
    - Nursing Services Manager / Professional Nurse
    - Social Worker
    - Finance Department
4. Verification of information (financial, medical, social).
5. If approved: Admission arrangements finalised.

⚠️ **Important:** Failure to disclose full information (financial, medical, property, investments, etc.) may result in **refusal, cancellation of admission, and notice to vacate.**

---

7. FEES & PAYMENTS

- **Boarding & lodging fees are payable upfront, before admission.**
- Fees are payable in advance by the **1st of every month**.
- No arrears are permitted.
- Fees may be calculated on a **pro-rata basis** from admission date.
- A **key deposit** is payable upon occupation (amount discussed during consultation).

---

8. WAITING LIST & EMERGENCY ADMISSIONS

- If no vacancy is available, applicant will be placed on a waiting list.
- Emergency admissions may take precedence but must still include:
    - Medical report
    - ID copy
    - Prescription of chronic medication
    - Treatment plan & dietary requirements
- Admission form & documents must be completed within **5 days**.

---

9. PROBATION PERIOD

- The first **1–3 months** of residency is an adjustment period.
- If the resident negatively impacts others, alternative accommodation may be requested with **1 months' notice**.

---

10. PRE-ADMISSION REQUIREMENT: WOUND & LESION MANAGEMENT

- Residents with open wounds, bedsores, or septic lesions must be **treated and healed prior to admission**, unless written approval is granted by the Nursing Services Manager.
- If admitted, resident/family must supply **1 month's wound care supplies**, e.g. Gauze, cotton wool, saline, ointments, bandages, micropore, plasters, gloves, masks.

---

11. SURVEILLANCE & PRIVACY POLICY (POPIA COMPLIANT)

- All bedrooms, passages, and communal areas are fitted with **CCTV cameras with audio** for resident protection.
- Please note that all CCTV footage is strictly monitored only by the Chief Executive Officer and a designated, authorised individual approved by the Governing Board of the Organisation.
- Footage may only be shared:
  - With resident/family consent, OR
  - By order of a court/legal authority.
- Written approval acknowledging CCTV monitoring is required before admission.

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12. NON-SMOKING POLICY

La Gratitude is a **strictly non-smoking facility**.
Applicants must initial acknowledgment during consultation.

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13. FINAL NOTES

- Residency begins on the date stated in the Admission Agreement.
- Termination may be required by written notice from La Gratitude if conditions are breached.
- If no family is available, DSD and La Gratitude will jointly arrange a transfer within **7–30 days**.

Acknowledgement:
Please initial each page and sign at the end of this document to confirm understanding and acceptance of the above terms.

SIGNATURE & ACKNOWLEDGEMENT

I, the undersigned, confirm that I have read, understood and agree to the conditions outlines in this Admission information pack.

Resident / Applicant Name :_____

Signature : _____ Date: _____

Authorised person (if applicable): _____

Signature : _____ Date: _____

Organisation representative: **Ms. JA BATISTA, CHIEF EXECUTIVE OFFICER**

Signature : _____ Date: _____

SECTION A

INFORMATION REGARDING SCREENING FOR ADMISSION

Note:
Only fully completed application forms, including ***all*** required attachments, will be considered for admission to La Gratitude Home for the Aged. All applications will follow the verification and approval process.

1. Only frail older persons of 60 years and older may be admitted in terms of the Older Persons Act, Act 13 of 2006.

2. All applications for admission falling under the "sub-economic category" which will be submitted to the local Department of Social Development for screening prior to final approval. Economic category are those applicants whose income is higher than the government pension and sliding scale prescribed by the Department of Social Development and ***will not qualify for subsidisation.***

3. **Sub-Economic Applicant:**
A sub-economic applicant — defined as a person who qualifies for a government subsidy and whose only source of income is the state pension — will be considered for subsidisation by the Department of Social Development in accordance with the Department's prescribed sliding scale. It must also be noted that no state pensioner will automatically qualify for a subsidy; all relevant financial and income verification checks will be conducted prior to any approval being granted.

4. **Please Note:**
A sub-economic resident will not be admitted to La Gratitude Home for the Aged until:

1. A screening certificate approving subsidisation has been issued by the Department of Social Development.
2. A final financial affordability assessment has been completed.
3. Organisational approval has been granted to cover any potential shortfall from the break-even category of qualifying applicants.
4. Where applicable surety signed by a family member liable for the shortfall or that which was agreed upon by the organisation.
5. A detailed health status evaluation with supporting evidence submitted
6. Any chronic medication copy of prescription of existing medication
7. Recent Psychiatric Report issued within 30 days of admission
8. Completed social worker report
9. Home visit report from social Worker

5. The following documentation must accompany the application:
    - **a.** Certified copy of ID document of the Applicant.
    - **b.** Copy of Medical Aid Card (if applicable)
    - **c.** Copy of spouse's death certificate if applicable.
    - **d.** The SASSA pension card if applicable.
    - **e.** Latest 6/12 months bank statements and in the event of no bank account an affidavit from the SAPS needs to be attached.
    - **f.** Proof of up to date / valid funeral policy.
    - **g.** Copy of ID document of authorised person (signing Deed of Surety), copy of municipal account in authorised person's name or other form of proof of address
    - **h.** In the event of divorce, copy of Settlement Agreement to be attached to the application.
    - **i.** A legally binding Living Will, outlining who is authorized to make decisions on the applicant's behalf if the applicant becomes unable to make decisions for themselves.
    - **j.** Detailed information on who is liable for making decisions pertaining to financial and medical related matters.
    - **k.** Who is allowed access to the resident including but not limited to brokers, bank officials, doctors etc (**Note must be strictly on appointment** and permission granted prior to access being allowed to resident.))
    - **l.** Full contact details of the Executor of the Estate, including residential and/or business and postal addresses, contact numbers, email address and proof of address is also to be provided.

6. A **completed medical certificate**, including the applicant's ***full medical history***, must accompany the application.

7. Once the application is fully completed and all required documents are attached, the applicant is requested to contact the Social Worker in their current area of residence to conduct an assessment and compile a Social Worker's Report**.**

Alternatively, a Social Worker from our organisation can assist with completing the form. In this case, our Social Worker will arrange a suitable date and time to conduct a home visit at the applicant's place of residence in order to verify the contents of the application and perform their own assessment. This is at an additional cost to the resident's account. Please confirm cost with the finance department prior to Assessment being held. Payable immediately after assessment has been concluded.

Please note: The cost of the Social Worker's Report done by our social workers will be discussed during the consultation.

8. After the application forms have been completed, an assessment interview will be organised with the Nursing Services Manager / Professional Nurses, Social Workers, and the Finance Department at the facility.

This interview is essential to assess the applicant and to verify that all information provided in the application is accurate and truthful.

Please note: **Failure to disclose any information, including medical, financial details, investments, property history, may result in refusal of admission due**

to non-disclosure or if found out after admission cancellation of admission and notice to vacate being granted.

9. Monthly boarding and lodging fees are to be paid in advance, before or on the 1st of every month. Due to the non-profit status of the Organisation, *no arrear payments can or will be accepted.* All payments are to be kept up to date at all times.

10. Boarding and lodging fees will be calculated strictly according to the date of admission and, where applicable, on a pro rata basis. These fees are payable upfront prior to admission into the facility.

11. Once the application has been completed and the applicant has been screened for admission, and upon notification from the Facility that the application has been successful, the applicant and/or their authorised person or social worker will be contacted to make the necessary admission arrangements. **PLEASE NOTE:** A key deposit is payable upon occupation of the room. The costs thereof will be discussed during the consultation.

12. If no vacancy is available, the applicant will be placed on the Frail Care Facility waiting list. Should a vacancy arise, the applicant and/or their family member or authorised person will be contacted to arrange for admission should an alternative facility be found to admit resident please advise the facility to ensure we are not holding a much needed room indefinitely.

    Accommodation will *only* be granted after careful consideration of the applicant's financial, physical, psychological, social and emotional needs**,** and based on whether the services provided by the Organisation are adequate to meet those needs—with the aim of improving and ensuring a better quality of life for the older person.

12. **Emergency Admissions:**
    Please note that emergency admissions may take precedence over applicants on the waiting list, depending on the nature and urgency of the circumstances presented.

However, the following documentation must still be provided prior to admission, even in emergency cases:

- A medical report
- A copy of the applicant's ID
- Prescription of chronic or other medication
- Treatment plan
- Meal restrictions or preferences where applicable e.g.: soft diet no salt etc

The admission form is to be fully completed within **five (5) days** of the resident's admission, with all required supporting documents attached.

13. The Resident shall take up accommodation within La Gratitude Home for the Aged on the date as stated in the Agreement and shall be valid and binding from the said date up until termination of the Agreement in terms hereof.

14. Should the Resident in any instance be given written notice to vacate the facility, the Resident, his or her family or authorized person will be responsible for removing the resident from La Gratitude Home for the Aged under the supervision of a an authorised La Gratitude representative.

15. If a resident has no family or next-of-kin, the Department of Social Development, in conjunction with La Gratitude Home for the Aged, will remain jointly responsible for arranging the transfer of the resident to an alternative facility, where possible, within 7 (seven) days, depending on the circumstances, and not exceeding 30 days.

16. ***Note:*** The first three months of residency are considered an adjustment probation period to assess whether the resident can successfully adapt to the facility and its community.
    If, during this period, a resident negatively impacts the welfare of other residents, they may be requested to seek alternative accommodation, with one (1) months' notice provided from the date the concern has been formally observed, and all other remedial measures have been exhausted.

17. **Pre-admission requirement: Wound and lesion management**
    All applicants presented with lesions, bedsores (pressure injuries), or **any form** of wound—whether septic or requiring regular wound care treatment by a nursing employee of the Organisation—must be assessed and treated by a qualified Healthcare Practitioner ***prior*** to admission to the Frail Care Facility.

Admission will only be considered once the wound is completely healed, ***unless*** prior arrangements have been made and have been approved by the Nursing Services Manager in writing.

In all cases, the applicant or the authorised person must ensure that adequate wound care supplies are provided prior to admission for a month, no supplies or proof of payment for the purchase of the supplies by the organisation requested we will unfortunately not be able to admit the applicant..

Accessories to accompany the resident on admission:
Gauze
Cotton wool
Cleaning lotion (e.g. Normal saline)
Dressing ointment (e.g. Betadine)
Bandages
Micropore
Adhesive plaster
Surgical gloves
Masks

The abovementioned list is not exhaustive and merely a guide of materials used for the treatment of bedsores / wounds.

La Gratitude Home for the Aged is strictly a non-smoking facility.
Please **initial the designated block** to confirm and acknowledge that you have been informed of this policy during the consultation.

Note: All bedrooms and passages come with fully fitted Surveillance Cameras with audio for the protection of residents, visitors and the organisation. Understanding and approval acknowledging the installation will be required and accepted in writing prior to the admission being granted. In terms of the POPIA we require written approval from the applicant or responsible person agreeing and acknowledging this protective mechanism.

Additional:

Kindly be advised that, in accordance with applicable laws and regulations, surveillance cameras, with audio have been installed in all resident bedrooms, passages and most communal areas

The sole purpose of these installations is to ensure the 24-hour wellbeing of our residents by enabling accurate and appropriate monitoring when and where they may be required to be verified. These steps have been taken to minimize potential risks that cannot be effectively managed through standard nursing routines, particularly during times when staff are not physically present and where current audio and visual systems do not provide coverage.

This “Camera Installation Addendum” applies specifically to all designated areas, including bedrooms

Please note that all CCTV footage is strictly monitored only by the Chief Executive Officer and a designated, authorised individual approved by the Governing Board of the Organisation.

In the event that any footage is required for evidentiary purposes during an investigation, such material will only be disclosed to a third party with the informed consent of the resident, their family, or authorised representative, or as directed by a competent legal authority or a court of law.

We remain committed to the privacy, dignity, and safety of all our residents and assure you that all monitoring is conducted in full compliance with relevant legal and ethical standards.

Please initial each page at the bottom (in the designated block) to confirm, acknowledge, and agree that the contents of this document have been fully understood by you, the resident, and/or any other applicable person or party.

SECTION B

GENERAL INFORMATION OF APPLICANT

1. IDENTIFYING PARTICULARS

Surname	
Full Names	
Also known as (Nickname)	
ID Number	
Present Postal Address	
Present Residential Address	
Present Telephone Number	**Home**
	Work
	Cell
Sex	**Male**
	Female
Marital Status	**Single**
	Married
	Divorced (Attach copy of Divorce Decree)

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	Separated
	Widow/er (Attach copy of Death Certificate)
Nationality	**Black**
	White **Asian**
	Coloured
If married, first names of spouse	
Mother tongue	
Denomination	
Highest Educational Qualification	
What was your occupation	
Pension Fund	**Name**
	Number
Medical Aid	**Name**
	Number
	Option
Medical Practitioner	**Name**
	Tel No
Preferred Pharmacy	**Name**
	Tel
Funeral Policy **(Please attach proof of funeral cover)**	**Name**

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	Policy Number
What is your preference?	**Burial**
	Cremation
Undertaker of choice	
Do you have a will?	
Where is it kept if "Yes"	
Executor's Details	**Name**
	Tel no
	Cell no
	Email address
	Physical Address
Do you have a Living Will	
Interests / Hobbies	
What is the primary reason why you wish to be admitted?	

Are your children willing to support if it becomes necessary?	

MEDICAL HISTORY / MEDICAL DISCLOSURE

Have you recently received any medical treatment (within the past 3 months)? ☐ **Yes** ☐ **No** If yes, please provide details, including the nature of the condition, current treatment being received, and name of treating healthcare professional	
Do you currently have any of the following conditions that may require medical treatment? • Open wounds • Lesions • Bedsores (pressure injuries) • Any other skin condition or wound requiring ongoing care ☐ **Yes** ☐ **No** If yes, please provide details, including the nature of the condition, current treatment being received, and name of treating healthcare professional	
Have you ever received psychiatric or psychological treatment, including counselling, therapy, or medication for mental health conditions? ☐ **Yes** ☐ **No** If yes, please provide details, including the nature of the condition, current treatment being received, and name of treating healthcare professional	
<u>Smoking History</u> Current smoker: ☐ **Yes** ☐ **No** If yes, please indicate the average number of cigarettes/cigars smoked per day: _____	

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If no, has the applicant smoked in the past? ☐ **Yes** ☐ **No** If yes, how long has the applicant stopped smoking? _____	

_____ _____

Signature of Resident / Authorised Person Date

Please complete this section with as much detail as possible

PERSONAL DETAIL OF FAMILY MEMBERS / CHILDREN / AUTHORISED PERSON

1.

Name Surname_____

Postal ddress_____

Physical Home Address_____

_____

Work Address _____

_____

Email Address_____

Telephone (Home)_____

(Work)_____

(Cell)_____

Relationship to resident _____

2.

Name and Surname_____

Postal Address_____

Physical Home Address_____

Work Address_____

Email Address_____

Telephone Numbers (Home)_____

(Work)_____

(Cell)_____ _____

Relationship to Resident_____

3.

Name and Surname_____

Postal Address_____

Physical Home Address_____

_____

Work Address_____

_____

Email Address_____

Telephone Numbers (Home)_____

(Work)_____

(Cell)_____

Relationship to Resident_____

4.

Name and Surname_____

Postal Address_____

Physical Home Address_____

Work Address_____

Email Address_____

Telephone Numbers (Home)_____

(Work)_____

(Cell)_____

Relationship to Resident_____

Hereby I declare that the above information is true and correct.

Signature of Resident or Authorised R _____

SECTION C

La Gratitude Home for the Aged

Home for the Aged
"The People Who Care"
Reg no: 031-383 NPO
Telephone (034) 315 5466 OFFICE HOURS / WhatsApp No. 072 687 6993 (WhatsApp only)
P.O.BOX 1418 Newcastle 2940
Address: 57 York Street
Corner of York and Bird Street, Newcastle 2940
Email: admin@lagratitude.co.za Web address: www.lagratitude.co.za

MEDICAL REPORT

(MUST BE COMPLETED BY A CERTIFIED MEDICAL PRACTITIONER)

FULL NAME OF APPLICANT_____

HOW LONG HAVE YOU KNOWN THIS APPLICANT?
_____

DATE OF BIRTH_____ID NUMBER_____

SEX (MALE OR FEMALE)
_____

GENERAL

A. HEIGHT_____ B. WEIGHT_____

Operations (Type and Year)

1. **ALLERGIES**

Medication_____

Food_____

Other allergies_____

2. **SIGHT (Challenges – poor eyesight, cataracts, retinitis, pigmentosa, glaucoma)**

_____

_____

3. **HEARING (Challenges – sensory deafness, hard of hearing, hearing aid)** _____

_____

_____

4. **SPEECH** _____

_____

5. **SKIN (Scars / rash / itch / psoriasis / eczema / wounds)** _____

_____

_____

6. **BEDSORE (PRESSURE INJURIES): YES** ☐ **NO** ☐

GRADE

1	2	3	4

TREATMENT:

YES ☐

NO ☐

Current treatment for bedsores (pressure injuries)

_____

_____

_____

_____

7. **CARDIOVASCULAR SYSTEM**

a. **Blood Pressure**_____

b. **Pulse**_____

c. **Periphery circulation**_____

d. **Cyanosis**_____

e. **Cardiovascular system**_____

f. **Heart problems (pacemaker, CCF, Heart block)**_____

8. **RESPIRATORY SYSTEM**

a. **Speed**_____

b. **Airways**_____

c. **Smoking History**

Current smoker: ☐ **Yes** ☐ **No**

If yes, please indicate the average number of cigarettes/cigars smoked per day:

_____

If no, has the applicant smoked in the past? ☐ **Yes** ☐ **No**

If yes, how long has the applicant stopped smoking? _____

_____

d. **Asthma**_____

e. **Other lung problems**_____

9. **DIGESTIVE SYSTEM (Challenges: Indigestion / Hiatus Hernia / Peptic Ulcer / Gastrectomy / Constipation**

_____

_____

_____

10. **LIVER / GALL BLADDER / PANCREAS / SPLEEN**

_____

_____

_____

11. **UROGENITAL SYSTEM**

a. **Routine urine test**_____

b. Incontinence_____

c. Prostate_____

d. Gynaecologist problems_____

_____

e. Other problems_____

_____

12. MUSCULO-SKELETAL SYSTEM

a. Gait_____

b. Arthiritis_____

c. Spastic_____

d. Deformity_____

e. Bedridden / Wheelchair / Tricot / Ambulant_____

f. Other orthopaedic problems (Osteoporosis, Fracture, Back injury)

_____

_____

_____

13. LYMPH AND GLANDS

a. Breasts_____

b. Thyroid_____

c. Other_____

14. NERVOUS SYSTEM

a. Tremors_____

b. Dizziness_____

c. Headaches_____

d. Epilepsy_____

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e. **Periphery Neuropathy**_____

f. **Other problems**_____

15. MENTAL HEALTH STATUS

15.1 MEMORY _____

_____

_____

15.2 ORIENTATION _____

_____

_____

15.3 DEPRESSION _____

_____

_____

15.3.1 SUICIDE ATTEMPTS _____

_____

_____

15.3.2 SUICIDE THOUGHTS _____

_____

_____

15.3.3 ANXIETY / TENSION / AGITATION _____

_____

_____

15.4 DEMENTIA / ALZHEIMERS _____

Severity: ☐ **Mild** ☐ **Moderate** ☐ **Severe**

Aggressive behaviour: ☐ **Yes** ☐ **No**

If yes, please provide details: _____

_____

15.5 PSYCHOSIS CURRENTLY_____

PREVIOUSLY _____

15.6 DEPENDED ON TRENDS TO:

14.6.1 PAIN TABLETS _____

14.6.2 ALCOHOL (now) _____

14.6.3 ALCOHOL (previously) _____

14.6.3 LAXATIVES _____

14.6.4 SLEEPING TABLETS _____

14.6.5 LEXOTAN OR EQUIVALENT _____

14.6.6 "LOVE" ANY TABLET _____

15.7 AGRESSION (is capable of injuring other patients)

VERBAL AGRESSION _____

PHYSICAL AGRESSION _____

15.8 SLEEP PATTERN (Go to bed early / struggle to fall asleep / awake early)

_____

_____

_____

_____

CURRENT DIAGNOSIS (Physical and mental health status)

_____

_____

WILL CURRENT CONDITION IMPROVE?

_____

_____

16. CURRENT MEDICATION

(Generic Name, Dosage and Frequency)

1_____

2_____

3_____

4_____

5_____

6_____

7_____

8_____

9_____

10_____

PLEASE SUPPLY A FULL MONTH'S SCRIPT AND MEDICATION ON ADMISSION

_____ _____

DOCTORS SIGNATURE **DATE**

DOCTOR'S PRACTICE NUMBER AND STAMP

SECTION D

SOCIAL WORK REPORT FOR ADMISSION OF AGEING PERSONS IN HOME FOR THE AGED

1. **IDENTIFYING PARTICULARS**

SURNAME _____

FULL NAMES _____

DATE OF BIRTH _____

ID NUMBER _____

RESIDENTIAL ADDRESS _____

_____

MARITAL STATUS _____

2. **PRESENT CIRCUMSTANCES**

Also **Housing. (Please record information regarding the accessibility of water, electricity, toilets and food. consider the safety including security, fire hazards, structural safety of dwelling and environment).**

_____

_____

_____

Care. (Describe the extent of care and assistance needed by the applicant and the current care provided).

_____

_____

3. **SUPPORT SYSTEMS AVAILABLE TO APPLICANT**

(For example: Children, Families, Service Centre, Home Care Service, Home Nursing Service, Meals on Wheels, Church, etc
Which support systems are available in the community?

_____

_____

To what extent does the applicant make use of the above? If support systems are not utilised, give reasons

_____

_____

_____

To what extent is the primary caregiver able to manage his / her own and applicants needs? Give details.

_____

_____

_____

Why did the support systems and preventative measures fail?

_____

_____

_____

4. **FINANCIAL POSITION (Mention all sources of income inclusive of investments and policies, rental income or other and expenditure)**

_____

_____

_____

5. **GENERAL HEALTH CONDITION OF APPLICANT**

   a. **PHYSICAL**

_____

_____

b. PSYCHOLOGICAL (Emotional)

_____

_____

_____

_____

6. ABILITY TO ADAPT SUCCESSFULLY IN A HOME FOR THE AGED

(Relationship and co-operation with children and significant others. Indicate any peculiar habits eg: smoking, use of alcohol etc which may influence adjustment to our Facility).

_____

_____

7. ARE YOU CONVINCED THAT INSTITUTIONAL CARE IS THE ONLY OPTION? (Motivate)

_____

_____

_____

8. RECOMMENDATION IF THE APPLICATION IS NOT SUCCESSFUL

_____

_____

_____

SOCIAL WORKER (Name in full) – Block letters please

_____

SOCIAL WORKER'S REG NO_____

TELEPHONE NUMBER_____

SOCIAL WORKERS SIGNATURE_____DATE_____

ORGANSATIONS STAMP

SECTION E

FINANCES

NAME:_____

WING:_____ECONOMIC / SUBCONOMIC_____

ROOM NO:_____

STATEMENT OF INCOME AND EXPENDITURE BY RESIDENTS OF HOMES FOR THE AGED.

A. INCOME	REFERENCE WHERE APPLICABLE	MONTHLY INCOME Interest, dividends, rent, etc	SELF	SPOUSE
1. Pension received:				
1.1				
1.2				
1.3				
1.4				
2. Annuity:				
2.1				
2.2				
2.3				

3. Income from Trust funds and Maintenance Allowance:				
3.1				
3.2				
3.3				
4. Shares:				
4.1				
4.2				
4.3				
5. Directors Fees:				
5.1				
5.2				
6. Cash Investments:				
6.1				
6.2				
6.3				
7. Fixed Property:	**Present Value**	**Bond in arrears**		
7.1				
7.2				
7.3				
8. Other sources of income: **Eg income from business, policies, commission**				
8.1				
8.2				
8.3				

9. **Total Value of Assets sold and donations made over last 5 years:**	**DATE SOLD, AMOUNT RECEIVED, AMOUNT FOR WHICH TRANSFER DUTIES WERE PAID**			
(i) Assets sold:	**Date / Value**			
(ii)				
(iii) Assets donated:	**Date / Value**			
10. **Total Value of Assets sold and donations made over last 5 years**	**DATE SOLD, AMOUNT RECEIVED, AMOUNT FOR WHICH TRANSFER DUTIES WERE PAID**			
(iv) Cash donated:	**Date Amount**			
(iv)				
11. **Expenditure of Continuous nature (Documentary proof of expenditure must be furnished) Specify eg; medical fund, subscription fees, tax, bond instalment , etc**				
11.1				
11.2				
11.3				
		TOTAL		

"The People Who Care"

_____ _____

SIGNATURE OF APPLICANT OR AUTHORISED PERSON **DATE**

I HEREWITH DECLARE THAT THE INFORMATION FURNISHED BY ME, IS TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

I CERTIFY THAT BEFORE ADMINISTERING THE OATH/AFFIRMATION I ASKED THE DEPONENT THE FOLLOWING

a) **DO YOU KNOW AND UNDERSTAND THE CONTENTS OF THE DECLARATION? ANSWER_____**

b) **DO YOU HAVE ANY OBJECTION IN TAKING THE PRESCRIBED OATH? ANSWER _____**

c) **DO YOU CONSIDER THE PRESCRIBED OATH TO BE BINDING ON YOUR CONSCIENCE? ANSWER_____**

I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION WHICH WAS SWORN TO/AFFIRMED BEFORE ME AND THE DEPONENTS SIGNATURE/THUMB PRINT/MARK WAS PLACED THEREON IN MY PRESENCE.

_____

COMMISSIONER OF OATHS (REPUBLIC OF SOUTH AFRICA

_____ _____

DATE **PLACE**

FOR OFFICE USE BY A SCREENING OFFICER OF THE DEPARTMENT OF HEALTH SERVICES AND WELFARE

Gross Income: _____.

MINUS approved expenditure: (specify) _____

N**ETT INCOME:** _____*The latter amount must be entered on the screening certificate.

Income group code:

---------- ----------

OFFICER: DEPARTMENT OF SOCIAL DEVELOPMENT **DATE**

ECONOMIC FINANCIAL BOARD AND LODGING CONTRACT

Entered into by and between **LA GRATITUDE HOME FOR THE AGED**

NAME OF PERSON AUTHORISED_____

(Herein after referred to as **''the Authorised Person'')**

And

NAME OF RESIDENT

_____

(Herein after referred to as **''the Resident')**

Signed

at_____**on**_____**20**_____

(herein after referred to as 'the Board and Lodging Contract' BLC) **WHEREAS LA GRATITUDE HOME FOR THE AGED** require that the Authorised Person will take full responsibility for any and all payments owed to **LA GRATITUDE HOME FOR THE AGED** towards the Resident's Board and Lodging fees and any other shortfall which may be required in time to come such as nappies, transport to hospital in case of an emergency etc; **THEREFORE** I, the undersigned also referred the Authorised Person, bind myself hereby as personal surety **for all and any amounts payable to LA GRATITUDE HOME FOR THE AGED by the Resident,** notwithstanding the amount already due and payable or amounts that will become due and payable in future, in terms of the Board and Lodging Agreement and for the due fulfilment of the Resident's obligations towards **LA GRATITUDE HOME FOR THE AGED** for the duration of the Board and Lodging Agreement.

DECLARED INCOME R_____

Less: Board and Lodging: R_____

Less: Medical expense: R_____

Less: Additional Costs R_____ (Nappies)

TOTAL R_____

Take note that this amount is payable on admission of resident in advance for the month in which resident is admitted pro-rata

SHORTFALL R_____

Financial Arrangements_____

CEO APPROVED ☐ CEO DECLINED

_____ _____

SIGNATURE : CEO **DATE**

FINANCE MANAGER APPROVED ☐ FINANCE MANAGER DECLINED ☐

_____ _____

SIGNATURE : FINANCE MANAGER **DATE**

Take note that the monthly accommodation fees are due and owed in advance before or on the 1st of each month.

In accordance with the Act on Maintenance **1998 (Act no 99 of 1998)** a child may be held responsible for maintenance on a parent should such parent need maintenance. (We thus trust that it should not be deemed necessary for the Frail Care Facility to assist a parent in taking steps at the Maintenance Court). Boarding fees are calculated at the discretion of **LA GRATITUDE HOME FOR THE AGED.** The Boarding fees are also payable should the Resident be on vacation and or hospitalised for an undetermined period of time whereby the room or bed is occupied or held. The monthly boarding fees owed should preferably be arranged with your said bank via a monthly stop order and further detail with reference numbers for such can be obtained at the Admin offices of **LA GRATITUDE HOME FOR THE AGED,** 57 York Street, Corner of York and Bird Street, Newcastle, entrance in Bird Street.

The banking details of **LA GRATITUDE HOME FOR THE AGED** are as follows:

Name of Account	**La Gratitude Home for the Aged**
Bank	**First National Bank**
Branch	**NEWCASTLE**
Account Number	**62057081574**
Branch Number	**250-655**
Reference	**Full Name & Surname of Resident**

☐

All payments (accommodation, medical co-payments and deductibles) as agreed in this contract are payable in advance by the 1st of every month.

I further bind myself to the terms of the La Gratitude Home for the Aged Admission Application, La Gratitude Home for the Aged Board and Lodging Agreement by initialling each page of the Admission Application and La Gratitude Home for the Aged Board and Lodging Agreement and choose my address as indicated in the Agreement as my *domicilium citandi et executandi*.

Signed at_____on_____day of_____20_____

Signature of Authorised Person_____

SUB ECONOMIC FINANCIAL BOARD AND LODGING CONTRACT

Entered by and between

LA GRATITUDE HOME FOR THE AGED

NAME OF PERSON AUTHORISED_____

(Herein after referred to as **''the Authorised Person'')**

And

NAME OF RESIDENT

_____

(Herein after referred to as **''the Resident')**

Signed

at_____on_____20_____

(herein after referred to as 'the Board and Lodging Contract' BLC) **WHEREAS LA GRATITUDE HOME FOR THE AGED** require that the Authorised Person will take full responsibility for any and all payments owed to **LA GRATITUDE HOME FOR THE AGED** towards the Resident's Board and Lodging fees and any other shortfall which may be required in time to come such as nappies, transport to hospital in case of an emergency etc; **THEREFORE** I, the undersigned also referred the Authorised Person, bind myself hereby as personal surety **for all and any amounts payable to LA GRATITUDE HOME FOR THE AGED by the Resident,** notwithstanding the amount already due

and payable or amounts that will become due and payable in future, in terms of the Board and Lodging Agreement and for the due fulfilment of the Resident's obligations towards **LA GRATITUDE HOME FOR THE AGED** for the duration of the Board and Lodging Agreement.

BOARD AND LODGING **R**_____

FUNERAL POLICY ☐ **R**_____ ☐

NAPPIES **R**_____

EXPENDITURE TOTAL **R**_____

LESS - DECLARED INCOME

LESS - SASSA **R**_____

LESS - STATE SUBSIDY **R**_____

BALANCE / SHORTFALL **TOTAL R**_____

Take note that this amount is payable on admission of resident in advance for the month in which resident is admitted pro-rata.

SHORTFALL **R**_____

Financial Arrangements_____

CEO APPROVED CEO DECLINED

_____ _____

SIGNATURE : CEO **DATE**

FINANCE MANAGER APPROVED ☐ FINANCE MANAGER DECLINED ☐

_____ _____

SIGNATURE : FINANCE MANAGER **DATE**

Take note that the monthly accommodation fees are due and owed in advance before or on the 1st of each month.

In accordance with the Act on Maintenance **1998 (Act no 99 of 1998)** a child may be held responsible for maintenance on a parent should such parent need maintenance. (We thus trust that it should not be deemed necessary for the Frail Care Facility to assist a parent in taking steps at the Maintenance Court). Boarding fees are calculated at the discretion of **LA GRATITUDE HOME FOR THE AGED.** The Boarding fees are also payable should the Resident be on vacation and or hospitalised for an undetermined period whereby the room or bed is occupied or held. The monthly boarding fees owed should preferably be arranged with your said bank via a monthly stop order and further detail with reference numbers for such can be obtained at the admin offices of **LA**

☐

GRATITUDE HOME FOR THE AGED, 57 York Street, Corner of York and Bird Street, Newcastle, entrance in Bird Street.

The banking details of **LA GRATITUDE HOME FOR THE AGED** are as follows:

Name of Account	**La Gratitude Home for the Aged**
Bank	**First National Bank**
Branch	**NEWCASTLE**
Account Number	**62057081574**
Branch Number	**250-655**
Reference	**Full Name & Surname of Resident**

All payments (accommodation, medical co-payments, and deductibles) as agreed in this contract are payable in advance by the 1st of every month.
I further bind myself to the terms of the La Gratitude Home for the Aged Admission Application, La Gratitude Home for the Aged Board and Lodging Agreement by initialling each page of the Admission Application and La Gratitude Home for the Aged Board and Lodging Agreement and choose my address as indicated in the Agreement as my domicile citandi et executandi.

Signed at_____on_____day of_____20_____

Signature of Authorised Person_____

La Gratitude Home for the Aged

Home for the Aged
"The People Who Care"
Reg no: 031-383 NPO
Telephone (034) 315 5466 OFFICE HOURS / WhatsApp No. 072 687 6993 (WhatsApp only)
P.O.BOX 1418 Newcastle 2940
Address: 57 York Street
Corner of York and Bird Street
Newcastle 2940
Email : admin@lagratitude.co.za Web address: www.lagratitude.co.za

DEED OF SURETYSHIP & UNDERTAKING TO PAY BY AUTHORISED PERSON

I, the undersigned *(full names and surname)*

_____

ID NUMBER

_____

Do hereby bind myself jointly and severally as surety and co-principal debtor in solidum with the

resident _____

(Hereinafter referred to as the ‘’principal debtor’) in my capacity as

_____

(Relationship)

For due payment of all outstanding Board and Lodging fees owing to La Gratitude Home for the Aged inclusive of any interest in the circumstances the principle debtor fails to pay the prescribed Board and Lodging fees.

I furthermore undertake to pay outstanding Board and Lodging fees to La Gratitude Home for the Aged within (7) seven days of receiving notice of any outstanding Board and Lodging fees by the principal debtor.

I further undertake and agree that this **Deed of Suretyship** may be used to obtain judgment against myself should I fail to make payment to La Gratitude Home for the Aged upon receiving notice of the outstanding Board and Lodging fees by the principal debtor. I further agree that should it be necessary to gain judgment against me that I agree to pay all outstanding interest and legal costs that may arise.

Board and Lodging fees are to be paid in advance for each consecutive month by the 1st and will not be refunded in event of death or when a resident leaves the Home. Any funds owing to Resident from the resident fund will be paid once any possible shortfalls have been settled. No interest is given for monies held in the resident fund.

I choose my physical address for purpose of domicilium citandi et executandi as:

_____

_____

Tel Home _____

Tel Work _____

Cell No _____

Email Address _____

Physical Address _____

Postal Address

_____

Name of Employer, Physical and Postal Address:

_____

_____

_____

Signed at_____on_____day of_____20_____

(Surety and co-principal debtor) **Name and Surname in Block Letters**

_____

_____
Signature

1. Witness_____ Signature_____

2. Witness_____ Signature_____

Please note:
A copy of the identity document (ID) and proof of residence of the person signing the Deed of Surety must be attached to this document.

These documents are required for verification and record-keeping purposes.

SECTION F

RULES OF STAY

1. GENERAL

The La Gratitude Home for the Aged is a registered Frail Care Facility registered in terms of the Older Persons Act, Act No 13 of 2006 and the Non-Profit Organisations Act, Act No 71 of 1997. La Gratitude Home for the Aged is managed in line with the Organisations Constitution, set legislation and departmental Norms and Standards in order to ensure a safe and secure environment for all residents.

The following **Rules of Stay** have been approved by the Board of Control and must be adhered to by **all employees, residents, families, friends, next-of-kin, and visitors** within the Organisation and facility.

2. APPLICATION FOR ADMISSION

See Section A.

3. DEFINITIONS

"'Management Committee" will mean the committee appointed by **LA GRATITUDE HOME FOR THE AGED BOARD OF CONTROL.**
"'Chief Executive Officer" will mean the person appointed as the Head of La Gratitude Home for the Aged known as the Chief Executive Officer (hereinafter referred to as the CEO) who is responsible for the day to day management of La Gratitude Home for the Aged in its entirety and his

/ her authorised agent, that includes personnel of La Gratitude Home for the Aged and its appointed Management per department

''The Authorised Person'' means the person / persons, a family member/s authorised by the Resident to tend to the Resident's personal interests, as mentioned in Section 16 (a) of the Older Persons Act, Act 13 of 2006.

''The Resident'' means a frail older person within the facility.

'Monthly Board and Lodging fee'' means the amount payable monthly by the Resident to La Gratitude Home for the Aged for the provision of services by La Gratitude Home for the Aged and for the care of the Resident which amount will be determined by La Gratitude Home for the Aged Board of Control and be increased on the start of each financial year which is 1st of April.. The said increase will be communicated to the Resident and Authorised Person, 30 (Thirty) days prior to the increase.

''**La Gratitude Home for the Aged''** means La Gratitude Frail Care Facility, which is situated at 57 York Street, Corner of Bird and York Street, Newcastle, functioning as a registered Organisation in terms of the Older

Person Act, Act 13 of 2006 and the Non-Profit Organisations Act, Act No 71 of 1997.

''The Non-Profit Organisation's Act'' means Act No 71 of 1997 and the ''**The Older Persons Act''** means the Act on Older Persons No 13 of 2006, as amended.

''**The Nursing Act''** means the Nursing Act, Act No 50 of 1987.

''Sub-economic'' A Resident qualifying for government subsidy (SASSA)

''Economic'' A Resident who is responsible for full payment of monthly Boarding and Lodging and who does not qualify for monthly subsidy.

"Living will" Provides guidance regarding a person's wishes for end-of-life care and the extent to which the person request correct and various treatments and medical interventions should the person no longer be able to make and communicate those decisions for him/herself. (All basic needs are still given – pressure care, nappy changing, food/fluids where possible)

"Safety Restraints" a method or condition that keeps the resident under control in a manner that will cause the minimum of discomfort and pain and prevent the resident of injuring him or herself.

''Rights and Responsibilities of the Residents' 'A resident in terms of Section 16 of the Older Persons Act, Act No 13 of 2006 has the right to:

- The appointment of an Authorised Person that can act on his / her behalf.
- Access to assistance and visits.
- The use of personal items / possessions.
- Access to basic care.
- Being informed about the financial status of the Organisation and any changes in Management, should they occur.
- Involvement in any social, religious and cultural activities of his / her choice.
- Privacy.
- Request the services of his / her own private doctor should he / she request such service and take responsibility of the financial implications thereof.
- **Residents have the right to leave the facility but need to attend to the following procedures prior to departure:** If a resident is leaving the facility for longer than 12 hours, then at least 24 hours prior to departure arrangements are to be made with the Medicine Controller for the resident's medication to be packed and ready for release when a resident / resident's family signs them out.
- On weekends medication must be arranged before 10h00 on Fridays or the day before a public holiday.
- If the resident wishes to give notice to vacate the facility, 30 calendar days written notice is to be given. (1st to the 30 of the month).

4. FINANCIAL MATTERS

- The applicant must prior to admission submit a minimum of three-months (3) bank statements as well as a sworn affidavit declaring all assets, property, cash investments, trust

funds, donations as well as trust monies, rental income, interest of investments. (See Section E).

- La Gratitude Home for the Aged will provide Boarding and Lodging to the Resident against payment of the monthly Boarding and Lodging fees as set out herein.

- All Boarding and Lodging fees and money for **nappies and resident funds** are payable **in advance** and must be paid by the 1st day of each month to ensure nappies are bought to accommodate the months requirements per resident for the month, NO PAYMENT unfortunately NO nappies.

- Boarding and Lodging fees shall be increased on the 1st of April of each year and shall be determined in terms of the exclusive discretion of the Board of Control. **This applies to all residents residing in the frail care facility, including those resident's staying for less than one year.**

- If a resident wish to terminate his/her Board and Lodging at La Gratitude Home for the Aged, (1) one calendar month written notice must be given. No Board and Lodging fees will be refunded when a person vacates the facility or passes away (1st to 30th of the month).

- Residents and/or their authorised person (as per the signed Deed of Surety) remain responsible for the payment of boarding and lodging fees during any absence from the Home, regardless of the reason.

- In the event of outstanding boarding and lodging fees or nappies, a minimum interest charge of **2% per month** will be applied to the total outstanding amount. This interest will accrue monthly on all unpaid balances until the full amount, including the accrued interest, has been paid in full.

- The 2% may be adjusted by the Board of Control without any notice.

- Any monies that are held within a La Gratitude Home for the Aged bank account that have not been collected, or requested in writing either through email, fax or handwritten correspondence by the person responsible for the older person or the Executor of the older person's Estate within 30 (Thirty) days of the death, departure, transfer of a resident from the Organisation will be forfeited and these monies will be accepted with gratitude as a donation towards the operational costs of the Home / Frail Care Facility.

- Any monies due for refund will be processed within 30 days of the resident's departure or death, to ensure that all outstanding accounts and amounts owed have been fully settled.

- Any organisation subsidies—whether for nappies, toiletries, or board and lodging fees—received during the resident's stay shall be credited first against any monies owed, should funds be available at the time of the resident's departure and/or death.

- In the event that no subsidy from the Organisation was received, the refund will be made in accordance with the above refund policy.

- **Resident fund:** Residents may open a Resident Fund at La Gratitude Home for the Aged whereby all extra monies and pocket money is controlled by the Financial Department of the Organisation. Each resident has their own file whereby money deposited is paid into their personal account.
- Any withdrawals made by the resident are logged in the resident's profile, and a receipt is issued from the petty cash receipt book. The Organisation's approved auditing procedures ensure accountability for all monies withdrawn and accumulated.

- Upon the resident's departure or in the event of their death, any remaining funds in the resident's account will be paid out to the Executor of the Estate, the estate trust account, or the certified sole beneficiary, as per the relevant documentation.

- Proof of executorship, as well as the will of the deceased, must be provided before any monies are released by the Finance Department.

- This service does not hold any monetary interest that may be accumulated on a yearly basis on the resident fund. An administration fee of 2% will be charged on each withdrawal and/or deposit to cover the costs associated with managing this service.
- Any payment with regard to government grant, Old Age Pension (SASSA) paid after the death of a resident will be returned to the relevant Government Department (SASSA) ***and will not*** *be payable to any family member or next-or-kin under any circumstances*.
- Any resident who receives a subsidy who may at the time of death have any money on their file with La Gratitude Home for the Aged will be used to offset their subsidised amount with the Organisation and will not be given to any family member or next-of-kin and will have no claim of *whatsoever nature* to any monies from the Organisation in this regard.
- If a resident that receives a SASSA pension leaves the facility, it will be the resident's responsibility to change the "pay point" with the relevant Government Department (SASSA). Should the "pay point" not be changed within 30 days the Old Age Pension will automatically lapse and La Gratitude Home for the Aged will return all overpayments to SASSA. (South African Social Security Agency).
- Any fees paid to the Organisation after the departure of the resident will be refunded to the relevant Government Department **(**SASSA**)** and not to the resident's children**.**

- It is advised to arrange for pay point transfer immediately when a resident vacates the facility to avoid further administrative and payment challenges.

- Should a resident or family member pay board and lodging fees in cash at the administration office, a 2% administration fee per transaction will be charged.

- To facilitate easier payments, it is recommended that a monthly stop order be arranged with the resident's financial institution, as La Gratitude does not have a debit order facility nor access to the resident's bank account.
- Upon a resident's death, it is the sole responsibility of the family to cancel the stop order with the financial institution. Please note any payments made after the death of the resident and/or vacating the facility for whatever reason will be returned to the account and/or financial institution where applicable from where payment originated.
- Should a sub-economic resident be admitted to Frail Care, it is the responsibility of the resident and/or family member or social worker to ensure that the SASSA pension is made available to the Organisation **prior to admission**, as **all** board and lodging fees are payable in advance**.**

- For example, if admission occurs on the 1st of the month or any date thereafter, the full SASSA pension for that month is required. Failure to provide the full pension in advance will delay admission until the required amount is paid.

- If a family member is willing to take responsibility for the shortfall, they may pay the difference, in which case early admission may be granted

- On admission it will be required of the resident who is in receipt of a SASSA pension to sign and complete any documentation needed to transfer pay point for SASSA to the Organisation in the event it is required to form part of the monthly payment of the Board and Lodging.

- On admission approval, full authorisation in writing is required to manage the payment of the SASSA grant on behalf of the resident by an *authorised designated financial official* who will withdraw the monthly resident SASSA grant with the resident's SASSA card and pin for a duration of approximately 2 (two) months or more until the SASSA office and Department have adjusted the pay point change to the Organisation.

- *If a resident is admitted to the facility and receives a SASSA grant, but the full payment is being made from other sources, the requirement outlined above will not apply.*

4.1. SURETYSHIP

- The Authorised Person who signs surety binds himself / herself hereby as personal surety for all and any amounts payable to La Gratitude Home for the Aged-on behalf of the Resident.
- The Authorised Person chooses his / her address as supplied herein as his / her *domicilium citandi et executandi* where all notices and processes in connection with this Agreement or any action resulting from it, can be forwarded to.
- Any notice given to the Authorised person that:

  - Was delivered by hand at the addressee's *domicilium citandi et executandi* shall be presumed as such, until the contrary is proved. Delivery will be accepted to have been received by the addressee at the time of delivery in accordance with dated delivery notice, signature, photo and/or other manual method by Organisation's nominated representative/driver.

  - Is posted by prepaid registered post from an address within the Republic of South Africa to the Authorised Person the *domicilium citandi et executandi* shall be presumed, until the contrary is proved, to have been received by the Authorised Person on the seventh (7) day after the date of posting.

  - It is the responsibility of the Authorised Person to notify La Gratitude Home for the Aged ***immediately of any change in address and contact details.*** Should the authorised person fail to notify La Gratitude Home for the Aged of any change in address and/or contact details the Authorised person will be held *liable for all costs incurred entered by La Gratitude Hone for the Aged in tracking / tracing of new address and/or contact details.*

- La Gratitude Home for the Aged reserves the right to request, approach any and all other family member / friend of the resident to contribute and take financial and/or materialistic responsibility through the signing of an Organisation's additional surety document. The document will cover written additional financial and/or other shortfall responsibilities of the resident and/or the authorised person in terms of this Agreement towards La Gratitude Home for the Aged for any shortfall amounts that may not be covered by the resident and/or who may not qualify for subsidy due to the resident's financial constraints.

- La Gratitude reserves the right to report, investigate and ask for assistance from any legal authority to assist in the investigation of any form of abuse whether it be "alleged" or not for financial abuse and/or financial exploitation, verbal, physical and any other form of abuse.

- The resident in terms of the Protection of Personal Information Act further agrees to authorise the representative of the Organisation to provide, give access to any investigator

to investigate any form of suspected elder abuse. All abuse whether proven or unproven will be reported in accordance with the Older Persons Act and whereafter an investigation has been concluded and perpetrators found guilty of any such offence the Organisation reserves the right to act internally where applicable, externally where applicable and will report to the Department of Social Development. All abuse will be investigated, legal action may be taken to protect the older person and ensure that his/her rights are protected. The Organisation further states that in terms of any such investigation that all evidence in any which way and form will be provided to the "investigators" to conclude their findings and provide the report under which the necessary action will be taken where applicable. All efforts will be made to keep the matter confidential.

4.2. PAYMENT OF THE MONTHLY BOARD LODGING FEES

The Resident/Authorised Person shall sign a debit order for the amount payable for the monthly Boarding and Lodging fees for the amount from their financial institution.

Payment must be made to the following bank account:

Account Holder	**La Gratitude Home for the Aged**
Bank	**First National Bank**
Branch	**Newcastle**
Branch Code	**250-655**
Account Number	**62057081574**
Account Type	**Cheque Account**
Reference	**Full Name and Initials of Resident**

- Payment can be made directly to La Gratitude Home for the Aged which will have a minimal administration costs added to it of 2% of amount being paid or alternatively may be paid directly into the above mentioned bank account.
- If any amounts payable by the authorised person are outstanding for 60 (sixty) days or more no arrangement and/or adherence to any final letters of demand have been adhered to, **the matter will be referred to La Gratitude Home for the Aged Attorneys** for the collection thereof.
- All costs that La Gratitude Home for the Aged might incur in the collection of such outstanding amounts shall be for the account of the authorised person and the Organisation may list the defaulting person on the Credit Bureau.
- Should the Authorised Person, for whatever reason not be able to make payment of the monthly accommodation fee for a period of time, then La Gratitude Home for the Aged *shall be entitled to terminate this Agreement with not less than 30 days written notice and* will the Authorised Person be compelled to find alternative accommodation for the Resident.
- The Authorised Person and/or resident will be compelled to find alternative accommodation for himself/herself or for the Resident and/or take up the alternative residential facility recommendations by the Organisation.

4.3 THE RESIDENT OR AUTHORISED PERSON WILL HOLD THE FOLLOWING RESPONSIBILITIES

- To ensure all relevant payments are received timeously.
- Transport the resident to and from doctor's rooms or hospitals when necessary. In case of emergency transport can be authorised by La Gratitude Home for the Aged to a cost determined by Management.
- Provide monthly toiletries.
- Manage necessary queries and correspondence regarding medical funds / aids.
- Oversee and attend to the condition and mending of the residents clothing and shoes.
- Ensure the resident has a funeral policy and the monthly instalments are kept up to date.

- Food supplements e.g. Ensure, Replace, Life gain is provided at own costs.
- Family members / friends or Authorised Person ensure regular contact and visits to the resident and ensure support and motivation to residents to involve themselves in activities within the facility.
- Special wound care. If any resident requires special wound care, it will be the responsibility of the family to supply La Gratitude with the necessary equipment/products necessary to attend to the wounds.
- If resident is on oxygen, it will be the family's responsibility to ensure back-up oxygen is available when load - shedding takes place.
- La Gratitude has oxygen tanks please enquire with Nursing Service Manager on charges etc.
- When residents become incontinent and are required to start using nappies it is the resident and/or family's responsibility to make the necessary arrangements and relevant payments for the nappies in advance, order requirements with the Admin Office.
- Should the family require DSTV to be installed for a resident's pleasure, it will be the responsibility of the family to pay for the installation and my only utilise the services of RAMS TV an approved and trusted service provider for the Organisation.
- Should a resident move from one to another out of their own choice it will be the family's responsibility to pay for the move of DSTV.
- On departure from the Home or due to the passing of a resident the family is entitled to remove the DSTV dish, but all permanent fixtures will remain.
- Any fixture of any kind which is attached to the wall or in a permanent capacity such as a ceiling fan, inverter, heater, air conditioner, tv bracket, multi plug extension and/or plug it may not be removed and will remain the property of the Organisation.

- Ensure that all relevant documentation is signed by or on behalf or by the resident including the following consent forms:
  - Indemnity Form – Transport and Social Activities
  - Informed Consent - Safety Restraint
  - Wheelchair consent form
  - Informed Consent - Physiotherapy, Occupational Therapy, Speech Therapy and Audio Therapy
  - Temporary Room allocation in case of emergency Form
  - Consent and undertaking of residents in terms of POPI Act.
  - CCTV camera consent form
  - Transport letter of authority
  - Informed consent – Marketing/social media platforms
  - Permission form for any outings that may be offered.

4.4 MONTHLY BOARD AND LODGING FEES

- The monthly Boarding and Lodging will be determined according to the monthly fees per room and includes accommodation, water and electricity, 3 nutritious meals a day, laundry services, 24/7 nursing care and psycho-social services.
- The monthly fee as well as any other fees payable by the Resident or the Authorised Person, will be payable on the 1st of each month.

- Should the Resident be absent from La Gratitude Home for the Aged because of hospitalisation, family visits or any other reason, the monthly fees will remain unchanged and will remain due / payable.
- In the event that the Resident is only accommodated for half a month for whatsoever reason it is also confirmed and accepted that no fees will be refunded or will be claimable from La Gratitude Home for the Aged.
- The monthly Boarding and Lodging fee is payable from the date of occupancy and will be calculate accordingly.
- La Gratitude Home for the Aged shall review the monthly accommodation fee annually and the increase will be implemented on the 1st April of each year on the start of the new financial year of the organisation.
- The increase shall be determined in terms of the exclusive discretion of the Board of Control of the Organisation. The Resident and Authorised Person shall receive not less than 30 days' notice of any such change in the monthly accommodation fee.
- Should the Resident receive an Old Age Pension (OAP), the Resident shall ensure that the Old Age Pension is paid directly into the under mentioned bank account of La Gratitude Home for the Aged where after a pay point change will be requested by SASSA.
- La Gratitude Home for the Aged will then allocate the Old Age Pension towards the monthly accommodation fee of the resident to their personal account.
- The authorised/appointed *financial* person shall only be responsible for payment of the balance of the monthly Boarding and Lodging fees and other expenses e.g. nappies, hair, tuckshop.
- It is a criterion of admission that a resident receiving an Old Age Pension (OAP) change be executed once approval for admission has been granted. The change will be requested by the Organisation from SASSA.
- La Gratitude Home for the Aged shall be entitled to request the Resident and/or the Authorised Person to provide the Group Financial Manager with a complete and up to date 3 (three)to 6 (six) month bank statement and schedule of *current and past assets, liabilities, income and expenses* of the resident to verify the financial position of the resident.

5. TERMINATION OF CONTRACT

5.1 One calendar month's (1st to the 30th of the month) ***written*** notice shall be given by a party to the other party for the termination of the Agreement.

5.1.1 If the authorised person gives less than one calendar months' notice for the termination of this Agreement the Authorised person shall still be held responsible for the full monthly Boarding and Lodging fee of an additional calendar months' notice.

5.1.2 If the resident and/or authorised person does not pay the notice in full the organisation will have the right to charge all and any legal fees or other to the account of the authorised person.

5.1.3 The Organisation reserves the right to inform the credit bureau of any default in payment which may restrict any credit loans in the future of the authorised person.

5.1.4 The retraction thereof will only commence once outstanding balance has been paid in full of all outstanding accrued interest and any additional costs pertaining hereto and proof provided hereto.

5.2 La Gratitude Home for the Aged shall be entitled to terminate this Agreement because of non-payment of any amounts payable by the Authorised Person, any misconduct by the Resident, as well as any other reasonable reason.

5.3. La Gratitude Home for the Aged reserves the right to terminate this Agreement within 48 hours written notice to the Resident to vacate the premises of La Gratitude Home for the Aged, in the event that the Resident commits a serious transgression of this Agreement.

5.4 This Agreement terminates automatically when the Resident passes away. The Executor will be liable to ensure all monies are paid to the Organisation.

5.5 In the event that the buildings are damaged to such an extent that La Gratitude Home for the Aged is unable to give effect to its responsibilities in terms of this Agreement and if no alternative accommodation is available to the Resident within La Gratitude Home for the Aged, then this Agreement will terminate immediately.

6. NURSING AND MEDICAL CARE

6.1 **La Gratitude Home for the Aged** Nurses work as a team and according to a routine. **NO** one on one nursing can be permitted as all frail are priority and will receive the care within the capabilities of the Organisation's human and physical resources allow.

6.2 La Gratitude Home for the Aged is a registered Frail Care Facility providing 24-hour Professional Nursing care and supervision in line with accepted Health and Nursing standards in accordance with the relevant legislation and Norms and Standards of the Department of Social Development.

6.3 Should the Resident require more specialised medical care, the Resident will be referred to a hospital or other medical institution.

6.4 (a) La Gratitude Home for the Aged shall not be held responsible for **any** additional costs relating to any additional care, other medical or nursing service, including but not limited to ambulance, private doctor or hospital services and the costs related thereto. Accounts with regard to these services shall be the fill and sole responsibility of the resident or authorised person where applicable.

6.4 (b) Bedsores (Pressure injuries) / Wounds

Depending on the severity of the wound/s, the family will be responsible for the dressing materials and accessories. The dressing materials and accessories to accompany the resident on admission to the Frail Care Facility, namely:

6.4.1 Gauze
6.4.2 Cotton wool
6.4.3 Cleaning lotion (e.g. Normal saline)
6.4.4 Dressing ointment (e.g. Betadine)
6.4.5 Bandages
6.4.6 Micropore
6.4.7 Adhesive plaster
6.4.8 Surgical gloves
6.4.9 Masks

The abovementioned list is not exhaustive and merely a guide of materials used for the treatment of bedsores / wounds.

6.5 The Resident shall be entitled to make use of private doctors throughout the duration of this Agreement. The Resident / Authorised Person shall be responsible for making the necessary arrangements with regards to transport, appointments of such visits and will be responsible for payment of those accounts.

6.6 **Residents are not permitted to keep any prescription medication in their rooms.**

All medications must be stored and administered by authorised nursing staff/medicine controllers to ensure safety, compliance with medical protocols, and proper monitoring.

6.6.1 All medication will be handed in to the Medication Room during office hours or after hours to the senior on duty who will manage it by La Gratitude Home for the Aged as prescribed.

6.6.2 Please keep the Wing informed where necessary as self-medication can be dangerous, which includes over the counter medication if not adequately controlled.

6.6.3 Interaction between various medications may occur and be fatal.

6.6.4 It is therefore extremely important that the Medical Report attached hereto, is completed in detail by the Medical Practitioner who treated the resident and who knows the medical history of the resident.

6.7 In emergency situations La Gratitude Home for the Aged will immediately attempt to contact the Authorised Person in order to obtain instructions as to how the emergency should be dealt with.

Should the Authorised Person not be readily available or if the emergency is time constrained, the Nursing Service Manager at **La Gratitude Home for the Aged in life or death situations is hereby granted authorisation by the Authorised Person to take the necessary and reasonable steps required in which case the authorised person accept he/she shall remain liable for all medical expenses incurred in the emergency situation.**

6.8 No staff member or Resident or any other visitor may purchase or provide medicine for a resident without the permission of the Nursing Service Manager. All medication (prescribed or bought over the counter) must be handed in at the nurses' station. **Especially painkillers** they create huge challenges for nursing personnel and should be submitted on receipt thereof. ***Please ensure that any and all medications are signed out before the resident leaves the facility for a visit, weekend or holiday.***

6.9 In cases where family members request a second opinion regarding the health of the Resident, the Nursing Service Manager must be informed to avoid unnecessary misunderstanding.

6.10 The Resident or Authorised Person indemnifies La Gratitude Home for the Aged regarding all injuries and / or harm experienced during occupation in the above-mentioned Frail Care Facility under the registered name of La Gratitude Home for the Aged.

6.11 **Residents in receipt of an Old Age Pension from SASSA** who are without medical aid and/or family or next of kin who qualify for medical attention from the Madadeni Provincial Hospital, or the local clinic will be assisted with transport by the local Ambulance Services or assisted by La Gratitude Home for the Aged.

6.12 Residents with medical aid and/or family or next of kin are *responsible for their own arrangements* with regard to transport to their private practitioner, the hospital or rehabilitation services (Physiotherapy, Audio therapy, Speech therapy, Occupational therapy). In the event that they are unable to make the necessary arrangements, La Gratitude Home for the Aged could assist the resident or his/her family at an additional cost. Arrangements and prior payment must be made with the Nursing Service Manager/Finance Manager prior to the date of the appointment.

6.13.1 All visitors are to fill in the security books at the main gate (name of the resident whom you are visiting and the full name and surname of the visitor responsible for the resident.

6.13.2 All professionals (including health practitioners, brokers, attorneys, bank officials, etc.) are required to **sign the Professionals Security Book** at the main gate upon arrival. Additionally, all professionals must report to the Nursing Services Manager and/or the Professional Nurse or Social Worker on duty after signing in.

6.13.3 If a resident is taken out for a visit, please ensure that they are **signed in and out** in the **register located in the duty room** of the wing where the resident resides.

Important: Residents **may not sign themselves out** under any circumstances.
No family member or next of kin will be allowed to perform any nursing activities.

6.13.4 All complaints/compliments must be written in the relevant complaint/compliment book. There are books provided for each department in the foyer of the facility. Please provide as much detail as possible and as soon as possible for a response to be forthcoming.

7. PSYCHO-SOCIAL SERVICES

7.1. Psychosocial services are rendered to the residents attending to their psychosocial and welfare needs and ensuring good inter-personal relationships between family and friends to ensure the older persons enjoy their stay within the Frail Care Facility. Reunification service and reintegration remains the core function of the Social Worker/s.

8. NUTRITION

8.1 Three balanced nutritious meals are served at times scheduled by the Management.
8.2 Diets are prepared by the Food and Beverage department.
8.3. Meals will only be kept should the resident need to honour doctor's / hospital appointments and in this instance the nurse in charge needs to be informed on the morning before 09h00 on the date of the specific appointment.
8.4. Tea and coffee will be served daily at 08h00 with breakfast and at 9h30, 14h00 and 19h30.
8.5. No cutlery and crockery, condiments of any nature may be removed from the dining rooms without the permission of the Food and Beverage Manager / Supervisor on duty.
8.6. No Resident are allowed to enter the kitchen and where necessary request assistance from the entrance doorway to the kitchen due to safety risks.
8.7. For residents with diabetes, La Gratitude will provide a maximum of two (2) "Canderel" sweetener sticks per serving for tea and breakfast.

If additional sweeteners are required beyond this allowance, we kindly request that the resident's family assist in providing sufficient additional supplies to meet the resident's needs.
8.8 La Gratitude will do everything possible to serve meals on time, but due to circumstances beyond the Organisation's control, this time challenge may vary from time to time.
8.9 Able / mobile residents will be required to eat meals in the dining room. **ONLY** bedridden residents and/or ill residents who may not be able to enjoy their meals in the dining room

9. CLEANING SERVICES

9.1 The Housekeeping Department will be kept responsible for the cleaning of the rooms, bathrooms and toilets and will be cleaned according to designated cleaning time schedules.
9.2 Residents should not interfere with the housekeeping staff schedules and allow them to clean their rooms. All complaints should be recorded in writing into the Housekeeping Complaints Register in the foyer of the facility. Urgent complaints must be reported to the Housekeeping Manager or the Nursing Service Manager on duty.
9.3. Linen will be changed weekly or more often should it be required due to residents' circumstances and health challenges. Should Residents use their own linen, La Gratitude Home for the Aged will not take any responsibility for damage or theft / loss of the linen or towels.
9.4. Residents' laundry will be attended to on a weekly basis. All linen and clothing must be marked and written up in in the Laundry Register for washing and ironing and will be returned in accordance with the said procedure register format. **All clothing needs to be marked, any unmarked clothing cannot and will not be accounted for however every effort is made to try and return clothing, linens to the correct resident.**
9.5 La Gratitude Home for the Aged does not take responsibility for any damage or loss of any clothing items although all efforts have been put in place to try and prevent any theft, loss or damage.

10. SECURITY AND INSURANCE

10.1. La Gratitude Home for the Aged will take no responsibility for any loss or damage to personal items.
10.2. La Gratitude Home for the Aged shall be responsible for the structural insurance of the buildings of La Gratitude Home for the Aged however will in no way prejudice La Gratitude

Home for the Aged' right to claim expenses from the Authorised Person should it become necessary due to proven negligence.

10.3. Any valuables can be handed in at La Gratitude Home for the Aged for safe keeping in its safe and La Gratitude Home for the Aged will issue a receipt thereof. La Gratitude Home for the Aged however will take no responsibility for the loss of any valuables not handed in, including money (*kept on resident self – no resident should have money in their possession there is a Resident Fund available to protect the resident from unnecessarily exposed to possible exploitation and therefore request this practice to be avoided where ever reasonably possible)* jewellery, cell phone, tablets, laptops etc.

10.4. Residents / family / friends and Authorised Persons are requested to deposit all cash into the individual residents accounts at the Finance office at La Gratitude Home for the Aged from where residents can draw money as they require it. Special withdrawal times are as follows: daily between 08h30 to 11h00 on weekdays.

10.5. **No vehicles of Residents will be allowed on the premises of La Gratitude Home for the Aged.**

11. PERSONAL EFFECTS REQUIRED FOR ADMISSION

NB: Up to date prescription as well as a month's medication should be handed in at the Medicine Control room, Hospital patients who have personal files at the State Hospitals are to hand in their Blue Card to the Medicine Control Room.

Personal items allowed in resident rooms

Residents are welcome to bring the following personal items to make their stay more comfortable. Please note the conditions specified for each item:

1. One comfortable chair (recliner) – *Optional*. Must be clearly marked with the resident's name.
2. Fridge
3. One small chest of drawers – *Subject to prior approval from the CEO.*
4. Mobility aids (wheelchair or walking frame) – If required due to age or condition, residents may bring their own. All items must be clearly marked.
5. TV, radio, free standing fan
6. TV bracket – *To be supplied by the family. Please note that this will remain as a fixed installation and will not be removed when the resident vacates the room or passes away.*

Items to bring on admission

To ensure a smooth and comfortable transition, please bring the following personal items on the day of admission. All applicable items must be clearly marked with the resident's name:

1. Two plain coloured facecloths (clearly marked)
2. Two floral / striped facecloths (clearly marked)
3. One laundry bag (clearly marked)
4. Toiletries for a month etc (soap, shampoo, body cream, toothpaste, toothbrush, hairbrush etc)
5. **Two cups** – one for cold drinks and one for hot beverages (tea/coffee)
6. Water bottle

ITEMS NOT ALLOWED:

For safety and compliance with facility regulations, the following electrical items are **not permitted** in resident rooms:

- Kettles
- Microwaves

- Electric blankets
- Free-standing heaters
- Air conditioners (including portable units)
- Ceiling fans
- Hot water bottles or rechargeable water bottles
- Hot plates
- Toasters
- Sandwich makers

Important: This list may not be exhaustive. If you are unsure about a specific item, please check with the office **before** bringing it to the facility.

1. Mobility scooters are **not permitted** within the facility.
2. No loose carpets
3. No personal beds

Items Provided by La Gratitude in Resident Rooms
Each resident room at La Gratitude is furnished with the following items:

1. 1 x ¾ bed
2. 1 x mattress
3. Comforter
4. 2 x pillows
5. Pillowcase
6. Fitted sheet
7. Flat sheet
8. Blanket
9. Curtains
10. Lace curtains
11. Tiebacks
12. Bedside table
13. Dressing table
14. Chair
15. Built-in cupboard
16. Bath towels
17. Facecloth
18. Hand towel



Note: All provided furnishings remain the property of La Gratitude and must remain in the room.

The above-mentioned items will remain the property of La Gratitude Home for Aged. An Asset register will be signed on admission to the frail care and on departure or death, the asset register will be signed off and any missing items from the asset register will be claimed from the authorised person.

ALL CLOTHING, PRIVATE LINENS AND EQUIPMENT MUST BE MARKED

Please use kit book to write all clothing items in. If a family member takes any clothing, please record in the kit book register. La gratitude must be informed of such action.

Important notice: Labelling of personal items
To ensure the safe return and proper care of all personal belongings, we request that all items brought in for residents, such as clothing, toiletries, and other belongings be clearly labelled with the resident's initials and surname.

Unlabelled items present challenges for our laundry and care teams, often resulting in misplaced or unreturned belongings. Proper labelling helps us return items efficiently and avoid confusion.

In addition, we ask that you inform the nursing staff in the resident's wing whenever new items are brought in or taken out. This allows us to update the resident's kit book register and maintain accurate inventory records.

Please Note: Limited Storage Space

We kindly request that you do not overpack clothing items, as cupboard space in resident rooms is limited.

Bringing only essential and seasonally appropriate clothing will help us maintain a tidy and comfortable living space for your loved one.

MENS

WINTER CLOTHING	SUMMER CLOTHING	MONTHLY TOILETRIES	QUARTERLY TOILETRIES
7 long sleeve shirts	7 short sleeve shirts	2 large bars of soap	1 Facecloth
7 vests	7 vests	1 facecloth	1 Toothbrush
7 briefs	7 briefs	2 Deodorant	1 Hairbrush
7 long pants/tracksuits	7 long pants/short or light tracksuits	1 Toothbrush	1 Nail clipper
2 pairs of shoes/sandals	2 pairs of shoes	1 Aqueous cream	
2 pairs of slippers	4 sets summer pyjamas	2 Roll-ons	
4 jerseys or jackets	1 summer gown	1 Shampoo	
4 sets winter pyjamas		1 Hairbrush	
1 winter gown		2 Toothpaste	
		15 Disposable razors	
		1 shaving cream	
		1 packet earbuds	

"The People Who Care"

LADIES

WINTER CLOTHING	SUMMER CLOTHING	MONTHLY TOILETRIES	QUARTERLY TOILETRIES
7 long sleeve shirts / blouses	7 short sleeve shirts / blouses	2 large bars of soap	1 Facecloth
7 vests	7 vests	1 facecloth	1 Toothbrush
7 panties	7 panties	2 Deodorant	1 Hairbrush / Comb
7 long pants/tracksuits	7 dresses / skirts	1 Toothbrush	1 Nail clipper
2 pairs of shoes/sandals	2 pairs of shoes	1 Aqueous cream	
2 pairs of slippers	2 pairs slippers	2 Roll-ons	

4 jerseys or jackets	4 jerseys	1 Shampoo	
4 sets winter pyjamas	4 sets summer pyjamas	1 Hairbrush / Comb	
1 winter gown	1 summer gown	2 Toothpaste	
4 bra's	4 bra's	1 box panty liners	
		Sanitary pads for the month	
		1 packet earbuds	

12. PASSING OF THE RESIDENT

12.1.1. In the unfortunate event that a resident passes away, La Gratitude Home for the Aged will notify the Authorised Person without delay. Should the Authorised Person be notified of the resident's passing directly by a hospital or other institution, it is the responsibility of the Authorised Person to inform La Gratitude Home for the Aged without delay. Timely communication is essential to ensure that all necessary arrangements and support can be provided respectfully and efficiently.

12.1.2 Subsequent to the Resident passing away, the Authorised Person shall be responsible to vacate the Residents' room **during office hours** and ensure the necessary check list is signed. No person will be permitted to vacate a room over a weekend. All personal belongings must be removed before month end to avoid additional costs where applicable.

12.1.3. In the event that the Resident passes away before the end of a month, the Residents' Estate shall have no claim against La Gratitude Home for the Aged for any portion of the monthly Boarding and Lodging fee that has already been paid by or on behalf of the Resident.

12.1.4 La Gratitude Home for the Aged shall not be responsible for any funeral or undertaker costs with regards to the deceased resident.

12.1.5. La Gratitude Home for the Aged shall be entitled to claim any outstanding amounts, as indicated in La Gratitude Home for the Aged accounting records, from the Authorised Person should any outstanding amounts be due including but not limited to beneficiaries, the Executor of the Estate.

12.1.6 Should the family require cultural rituals the necessary permission must be obtained from the Nursing Services Manager.

12.1.7 On passing all subsidised residents' family are requested to please return any nappies to La Gratitude Home for the Aged.

12.1.8 Should La Gratitude borrow/donate any assets, clothing or any other item to subsidised residents ***it will remain the property of La Gratitude, and family have no claim to it.***

12.1.9 Should resident passes on and family collects all items please note that TV brackets, DSTV dish brackets, cables, aircon will automatically become part of La Gratitude's assets and may not be removed as they are a fixture.

13. COMPLAINTS AND DAMAGES

13.1 In the event that the Resident and / or the Authorised Person have any complaints with regards to any matter, including other Residents within the facility, the complaint must be clearly recorded in writing in the Complaints Register, alternatively a letter can be sent to Chief Executive Officer, La Gratitude Home for the Aged, hand delivered or via email to **admin@lagratitude.co.za or corporate@lagratitude.co.za** whereafter Management will attend to the complaint within 14 days of receipt thereof. Serious complaints will be dealt with immediately, telephonic and appointments can be made in such instances.

13.2. Management shall be entitled to gain legal advice with regards to any complaint should it be necessary.

13.3. Any damages caused to the resident's room by the resident or to any of La Gratitude Home for the Aged's properties, it shall be charged to the resident and/or authorised person and

repaired accordingly. All and any costs shall be included in the following month's board and lodging fee and will be required to be paid in full.

13.4. Serious complaints about the health and wellbeing of the resident must be forwarded to the Nursing Services Manager or Professional Nurse in charge at that specific moment in order to ensure immediate attention is received.

14. GENERAL HOUSE RULES

14.1. Residents may not consume or keep alcohol in their rooms. No family or visitors may purchase or provide alcohol for a resident. Should the resident be in the habit of enjoying a drink in the evening, the Nursing Services Manager must be informed, and the necessary arrangements will be made in conjunction with the doctor for permission to be granted where applicable.

14.2. Residents are not allowed to keep any animals within the facility or to feed any animals (birds and cats).

14.3. It is not permissible for staff members to receive any money or any other items from Residents for services rendered if not declared with the Nursing Services Manager. If such request may arise from any staff member and reported to the Nursing Services Manager written permission need to be obtained from the donor of the item plus La Gratitude Home for the Aged to declare items at security at the gate. Written declaration is required before any item will be removed from the premises of the Organisation by the donor to the staff member.

14.4. In the interest of Residents, no documents or wills will be signed by staff members on behalf of the Residents. The Liaison Officer can be requested to assist in arranging a suitable witness hereto legal and/or otherwise eg. Councillor.

14.5. La Gratitude Home for the Aged furnishes all rooms with a bed, a chair a dressing table, a built-in cupboard, a fixed side table and a fixed wall mounted heater. Should additional furniture be required the following will be permitted: a TV, radio and a bar fridge. Please note that **no cluttering will be allowed** due to the Health and Safety Regulations.
No cluttering on dressing tables or windowsills**,** dust collectors are health hazards. Photos are to be where possible wall mounted after permission has been granted by the Maintenance Manager.
No cluttering under the beds

14.6. Residents / their family or visitors may not make any changes to electrical equipment / wiring or drive nails into the walls for pictures without the permission of the CEO / Maintenance Manager. Only three picture hooks are permitted per room per person.

14.7. It is forbidden to keep and use flammable materials, candles, lighters or matches and electric equipment in the rooms, e.g. kettles, microwaves, ceiling fans, electrical blankets and portable aircons, free standing heaters, chargeable hot water bottles. We do allow hairspray, deodorants, we request that it is not used near hairdryers as can catch alight.

14.8. Residents are not allowed to use Prestik on the walls.

14.9. Residents are not allowed to have any warm water bottles.

14.10. The Nursing Service Manager may only be called for life threatening circumstances as qualified nursing staff are available 24 hours per day who are able to attend to nursing issues.

14.11. The volume of radios or TVs are to be controlled in order to consider other residents and staff.

14.12. Residents can be moved to other rooms should the Nursing Services Manager deem it to be necessary. The process of moving residents to other rooms are managed in a planned, well executed, orderly manner with the necessary caution and dignity in order to accommodate the needs of the resident.

14.13. Management of La Gratitude Home for the Aged reserves the right to amend the Rules of Stay from time to time as it deems necessary. Resident will receive at least 30 days' notice of such an amendment and Resident, and the Authorised Person will be bound by such amendments.

14.14. The Resident may receive visitors during the visiting hours as stipulated by Management: 09h00 – 11h00 and 14h00 – 16h00 daily.

In case of an emergency or serious illness special permission will be granted by Management.

14.15. No visitors are allowed to sleepover in the resident's room or smoke or drink alcohol inside or outside the facility.

14.16. Should any resident in a sharing room become difficult or causes trouble for their roommate it will not be tolerated and entertained. Serious consequences may follow.

14.17. Residents should respect each other. No swearing, screaming, fights, threats, intimidation will be tolerated, and serious consequences may follow.

14.18. Spot checks in the rooms for medication will be done from time to time, without prior notice to the residents.

14.19 Sharing room - residents should take note due to the structure of the frail care, it will not be possible to allocate a room and roommate not using nappies/pads/commode. We remain a frail care, and it will be our first priority the frail elderlies. Please be considerate, your positive response, support and understanding will be greatly appreciated.

14.20

SMOKING

Non-Smoking Policy

La Gratitude Frail Care is a ***strictly non-smoking facility***. Smoking is not permitted anywhere on the premises under any circumstances.

Smoking Policy – Zero Tolerance

La Gratitude Frail Care maintains a **strict zero-tolerance policy** regarding all forms of smoking.

No resident, family member, or any individual affiliated with a resident is permitted to smoke **any substance** on the premises. This includes, but is not limited to:

- Cigarettes
- Snuff ("snuif")
- Vapes/e-cigarettes
- Pipes ("pyp")

This policy is in place to ensure the safety, health, and comfort of all residents and staff. **Non-compliance will result in immediate action and may affect continued residency**.

If it is found that false or misleading information was provided during the admission process—particularly in relation to the resident being a smoker—immediate action will be taken. This includes:

- Confiscation of all cigarettes and smoking materials, and
- Issuance of immediate notice to vacate the facility

This policy is in place to ensure the health, safety, and well-being of all residents, staff, and visitors.

We thank you for your understanding and full compliance.

Residents, family, next of kin or visitors are subjected to comply and adhere to the Rules of Stay as set above.

I_____

ID No_____

Relationship to resident _____

Acknowledgement
I, the undersigned, hereby acknowledge that I have read, understood, and agree to abide by the above-mentioned Rules and Regulations of La Gratitude Home for the Aged. I confirm that I fully undertake to comply with all requirements as stated.

Signed at _____on the day _____

of _____20_____.

_____
SIGNATURE

LA GRATITUDE HOME FOR THE AGED

ADDENDUM TO ADMISSION AGREEMENT

DEATH OF A RESIDENT – BOARD AND LODGING FEES

This Addendum forms an integral part of the **Admission Agreement** entered into between **La Gratitude Home for the Aged** ("the Home"), the Resident and/or the person(s) responsible for payment of the Resident's account.

The purpose of this Addendum is to record the parties' agreement regarding the payment of board and lodging fees in the event of the death of a Resident.

1. MONTHLY BOARD AND LODGING FEE

1.1 The Resident and/or the person(s) responsible for payment of the Resident's account acknowledge and agree that the board and lodging fees charged by La Gratitude Home for the Aged are calculated and payable on a monthly basis.

1.2 The monthly board and lodging fee constitutes a contractual obligation for the relevant calendar month in accordance with the terms and conditions of the Admission Agreement.

2. DEATH OF A RESIDENT DURING A CALENDAR MONTH

2.1 In the event that a Resident passes away during any calendar month, the death of the Resident shall not, in itself, automatically terminate or reduce the monthly board and lodging fee applicable to that calendar month.

2.2 Where the Resident occupied a room, unit or bed at the commencement of the relevant calendar month, the full monthly board and lodging fee for that month shall remain due and payable, irrespective of the date on which the Resident subsequently passes away.

3. NO AUTOMATIC PRO-RATA REFUND OR REDUCTION

3.1 Unless otherwise agreed to in writing by the Home, no pro-rata reduction, refund, credit or remission of the monthly board and lodging fee shall arise solely as a result of the Resident's death before the end of the calendar month.

3.2 The Resident's estate and/or the person contractually responsible for payment shall remain liable for the applicable monthly charge in accordance with the Admission Agreement and this Addendum.

4. BASIS OF THE MONTHLY FEE

4.1 The parties acknowledge that the monthly board and lodging fee is not calculated solely on the number of days that a Resident physically occupies a room or bed.

4.2 The monthly fee also relates to the Home's provision and reservation of accommodation, infrastructure, facilities, administration, staffing, utilities, meals, care-related services and other services provided or made available to the Resident, together with the costs incurred by the Home in maintaining the Resident's accommodation and placement.

4.3 Accordingly, the cessation of the Resident's physical occupancy as a result of death during the month does not, by itself, extinguish the monthly contractual obligation for that month.

5. LIABILITY OF THE RESIDENT'S ESTATE

5.1 Upon the death of a Resident, any amount lawfully due and payable to the Home shall constitute a debt owing to the Home and may be claimed from the deceased Resident's estate, subject to applicable South African law and the terms of the Admission Agreement.

5.2 Where a third party has expressly undertaken contractual responsibility for payment of the Resident's account, such person's liability shall be determined in accordance with the terms of that undertaking.

5.3 Nothing contained in this Addendum shall be interpreted as creating liability for a third party where no such contractual liability exists.

6. FINAL STATEMENT OF ACCOUNT

6.1 Following the death of a Resident, the Home shall be entitled to prepare and issue a final statement of account.

6.2 Any outstanding board and lodging fees and any other amounts properly due in terms of the Admission Agreement shall remain payable until the account has been settled.

6.3 Any adjustment, credit or amount payable to the Resident's estate shall be dealt with in accordance with the Admission Agreement and applicable law.

7. PERSONAL EFFECTS AND CLEARANCE OF THE ROOM

7.1 The death of a Resident shall not, in itself, suspend or cancel any payment obligation for the applicable month.

7.2 The fact that the Resident's personal belongings remain in the room, unit or allocated accommodation after the Resident's death shall not, in itself, create an entitlement to a refund or pro-rata reduction of the monthly board and lodging fee.

7.3 The Home may prescribe a reasonable period within which the deceased Resident's personal effects must be collected and the accommodation cleared, subject to applicable law and the Home's procedures.

7.4 The collection and removal of personal effects shall be coordinated with the person legally authorised to deal with the deceased Resident's estate.

8. ESTATE AND AUTHORISED REPRESENTATIVE

8.1 The person responsible for the deceased Resident's estate shall, upon request, provide the Home with the relevant contact details and documentation of the executor, administrator or other duly authorised representative.

8.2 The Home shall be entitled to communicate with the duly authorised representative regarding the Resident's outstanding account, personal effects and any other administrative matters relating to the Resident's admission.

9. SUBJECT TO SOUTH AFRICAN LAW

9.1 This Addendum shall be interpreted and applied in accordance with the laws of the Republic of South Africa.

9.2 Nothing in this Addendum is intended to exclude, restrict or override any right, obligation or protection that cannot lawfully be excluded or limited under applicable legislation.

9.3 In the event of any conflict between this Addendum and any mandatory provision of applicable law, the mandatory legal provision shall prevail to the extent of the conflict.

10. INTEGRAL PART OF ADMISSION AGREEMENT

10.1 This Addendum forms an integral part of the Resident's Admission Agreement with La Gratitude Home for the Aged.

10.2 All other terms and conditions of the Admission Agreement remain unchanged and continue to apply.

10.3 Where reference is made in the Admission Agreement to board and lodging fees, such reference shall include the provisions contained in this Addendum.

11. ACKNOWLEDGEMENT AND ACCEPTANCE

By signing below, the Resident and/or the person responsible for payment of the Resident's account acknowledge and confirm that:

a) they have read and understood this Addendum;

b) they understand that the board and lodging fee is a monthly contractual charge;

c) they understand that the death of a Resident during a calendar month does not, by itself, result in an automatic pro-rata reduction, refund or credit of that month's board and lodging fee; and

d) they accept that any amount lawfully due to La Gratitude Home for the Aged may be claimed and recovered in accordance with the Admission Agreement and applicable South African law.

SIGNATURES

LA GRATITUDE HOME FOR THE AGED

Name: _____

Designation: _____

Signature: _____

Date: _____

RESIDENT

Full Name: _____

ID Number: _____

Signature: _____

Date: _____

PERSON RESPONSIBLE FOR PAYMENT / AUTHORISED REPRESENTATIVE

Full Name: _____

Relationship to Resident: _____

ID Number: _____

Signature: _____

Date: _____

WITNESS

Full Name: _____

Signature: _____

Date: _____

"The People Who Care"

ADDENDUM TO FLATS, COTTAGES, AND FRAIL CARE ADMISSION RESIDENT RENTAL/ ADMISSION AND LIFE RIGHT AGREEMENT WITH REFERENCE TO: ABUSE, HARASSMENT, INTIMIDATION AND COMMUNITY CONDUCT CLAUSE

This Addendum forms part of and must be read together with the relevant agreement entered with the organisation. Whether it be the Resident Agreement, House Rules, Admission Documentation, Policies and Code of Conduct of La Gratitude Home for the Aged, (frail care, flats and cottages) or any agreement made with the organisation that has relevance to the above reference.

By signature of any of our facilities service offerings, rental life right, or admission to frail care facility the Resident Agreement and/or continued occupation of the premises, all residents and occupants acknowledge and agree to the following:

1. RIGHT TO SAFETY, DIGNITY AND PEACEFUL OCCUPATION

All residents, spouses, occupants, visitors, staff members, contractors and neighbours have the right to:

- dignity,
- safety,
- emotional wellbeing,
- privacy,
- peaceful occupation,
- freedom from abuse, intimidation, harassment, humiliation or disruptive conduct.

No resident may act in a manner that compromises the wellbeing, safety, dignity or peaceful enjoyment of any other person within any one of our residential facilities namely our cottages flats and or frail care facilities or residential grounds.

2. PROHIBITED CONDUCT

The following conduct ***is strictly prohibited within the facility***, cottages, flats, frail care, communal areas or any property under the control of the facility:

2.1 Verbal and Emotional Abuse

Including but not limited to:

- shouting,
- screaming,
- swearing,
- insulting,
- humiliation,
- ridicule,
- degrading remarks,
- public embarrassment,
- intimidation,

- threats,
- controlling behaviour,
- aggressive verbal outbursts,
- repeated hostile confrontation.

2.2 Physical Abuse or Aggressive Conduct

Including but not limited to:

- assault,
- hitting,
- slapping,
- pushing,
- grabbing,
- pinching,
- flicking,
- striking,
- physical intimidation,
- threatening gestures,
- invasion of personal space,
- reckless aggressive behaviour.

2.3 Harassment and Disturbance

Including:

- persistent conflict affecting neighbours or residents,
- creating fear or distress,
- ongoing disruptive domestic disputes,
- behaviour causing discomfort to staff, residents or visitors,
- conduct bringing the facility into disrepute.

3. DOMESTIC VIOLENCE AND ELDER ABUSE

The facility adopts a zero-tolerance approach toward:

- domestic violence,
- elder abuse,
- emotional abuse,
- coercive or controlling behaviour,
- intimidation,
- neglect,
- harassment,

- not limited to physical abuse, emotional, verbal, bullying as contemplated in:
- the Domestic Violence Act 14 of 2021; and
- the Older Persons Act 13 of 2006.

The facility reserves the right to intervene where management reasonably believes that abuse, intimidation or harm may be occurring.

4. MANAGEMENT RIGHTS AND AUTHORITY

Management reserves the right to:

- investigate complaints or incidents,
- interview witnesses,
- document incidents,
- issue verbal or written warnings,
- require behavioural undertakings,
- facilitate mediation where appropriate,
- refer matters to social workers or healthcare professionals,
- report suspected abuse to relevant authorities,
- contact emergency services or the South African Police Service where necessary,
- take disciplinary or contractual action where conduct places others at risk or disrupts communal living.
- Life rights may be withdrawn should matters not be addressed and changed…

5. DUTY TO COOPERATE

Residents must:

- Co-operate with lawful investigations,
- comply with behavioural directives issued by management,
- refrain from retaliatory behaviour,
- ***always treat staff and fellow residents respectfully***.
- Any refusal to comply with reasonable directives intended to preserve safety, order and wellbeing may constitute a breach of the residency agreement.

6. BREACH OF AGREEMENT

- Any conduct contemplated in this Addendum may constitute:
- misconduct,
- nuisance,
- material breach of the residency agreement,
- conduct incompatible with communal living.
- Management may take appropriate action in accordance with:
- the residency agreement,
- applicable legislation,

- procedural fairness requirements,
- and facility policies.
- Such action may include:
- written warnings first serious and final resulting in termination of the agreement irrespective of time frames between each episode no tolerance of any such behaviour will be condoned by the organisation.
- behavioural conditions,
- restricted access to communal areas,
- involvement of family representatives,
- social work intervention,
- termination procedures where legally permissible.

7. REPORTING OF INCIDENTS

- Residents, staff members and visitors are encouraged to immediately report:
- abuse,
- intimidation,
- threats,
- harassment,
- disruptive conduct,
- suspected elder abuse,
- or safety concerns
- to management without fear of victimisation.
- All reports shall be treated seriously and handled as confidentially as reasonably possible.

8. ACKNOWLEDGEMENT OF UNDERSTANDING AND ACCEPTANCE

The Resident acknowledges:

- that communal living always requires respectful conduct;
- that abusive, threatening or disruptive behaviour will not be tolerated;
- and that management has a legal and ethical duty to protect residents, staff and the broader residential community.

Resident Name: _____

Unit Number: _____

Signature: _____

Date: _____

For and on behalf of La Gratitude Home for the Aged

Authorised Representative: _____

Signature: _____ Date: _____

CONSENT & UNDERTAKING OF RESIDENTS

RESIDING AT:

FRAIL CARE OR COTTAGES OR FLATS IN TERMS OF

THE PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")

I, the undersigned: _____

Identity Number: _____

Frail care (Indicate bedroom No): _____

Cottage (Indicate cottage number): _____

Flats (Indicate flat number): _____

Hereby agree to provide my Personal Information to **LA GRATITUDE HOME FOR THE AGED** Registration Number **031-383-NPO ("the Company"),** on the express understanding that:

1. This constitutes my consent as required under Section 11(1)(a) of the Protection of Personal Information Act 4 of 2013 ("POPIA").

2. The accounts department, finance department or any other relevant department of the Company will have access to my personal details which have been furnished to them for the purpose of services (rental, board and lodging, meals, hampers etc) rendered as a resident of the organisation's (Circle the appropriate facility) Frail Care / Flats / Cottages.

3. The Company will collect my Personal Information, which shall include, but not be limited to:

3.1 Identity Number;

3.2 Copies of identity documentation

3.3 Curriculum Vitae including education certificates and/or any Industry accreditation certificates; **(Only applicable to part time work or honorarium).**

3.4 Financial information proof of banking details

3.5 Medical Information

3.6 Bank statements

3.7 Next of kin information

3.8 Contact details, including cell phone number, home number, email address, postal and home address previous and current;

3.9 Any other information that may be required to be provided by me to the company from me from time to time.

4. The Company will collect my Personal Information as required by POPIA from the following sources:

4.1 Publicly accessible platforms and verification agencies; and

4.2 Myself

5. The personal data will be used by the Company only for the purposes that are related to any “services” which I receive from the Company and have a written or verbal agreement with.

6. I furthermore acknowledge that during the course of these services being rendered with the Company, any addendum to incorporate the changes of the PAIA and the POPIA No 4 of 2013 as required by government and legislation, that this consent will be added to my existing “services” agreement and is acknowledged by me to be accepted as an addendum hereto.

I will accept that the addendum may be changed as required by government from time to time and will be informed by the Information Officer in this regard.

I furthermore acknowledge that I may gain access to Personal Information related to other residents due to the proximity of my neighbours and close interactions of the

same facility or other facility in which I reside, and visitors of the Company's facilities, in regard whereto:

6.1 I record and confirm that I have been subjected to a POPIA awareness session by the respective administrator / Information Officer.

6.2 I have been made aware of the importance of POPIA and the manner in which the Company intends to protect Personal Information that it received and/or processes.

6.3 I know the Company may only process Personal Information for specific purposes and that any processing or dissemination or Personal Information outside of the specific purposes is unlawful; and

6.4 I undertake that I will ensure that my actions as a resident to *Frail Care / Flats / Cottages (Circle the appropriate facility)* are in line with the Company's compliance framework related to POPIA.

Full name and Surname: _____	**Information Officer of Company (Deputy Information Officer)** _____
_____ **Please sign in full / Signature**	_____ **Signature of Information Officer (Deputy Information Officer)**
Date: _____	**Date:** _____

LA GRATITUDE HOME FOR THE AGED
Reg No 031-383 NPO
57 York Street, NEWCASTLE 2940
Corner of York Road & Bird Street, NEWCASTLE 2940
Telephone: 034 315 5466
Fax: 034 315 5467
Email: admin@lagratitude.co.za

ADDENDUM TO:

BOARD AND LODGING CONTRACT WITH APPLICATION FOR ADMISSION

CCTV CAMERAS

Please take note that during the course of the next few months cameras with audio will be installed in all the Bedrooms, Sickbay and Bathrooms as well as all areas of contact with any person working (Contractors, Volunteers, Employees) on the premises of La Gratitude Home for the Aged or residing here at La Gratitude Home for the Aged Frail Care Facility corner of York and Bird Street, Newcastle, Kwa Zulu Natal on a permanent or a temporary basis.

The sole purpose of the cameras is to ensure that the 24 hour wellbeing of our residents are managed in a manner which can be monitored appropriately as well as accurately whilst minimizing the possible risk factor which cannot be managed through normal means in the bedrooms due to the nursing routine time schedules and the absence of camera and audio footage. The camera installation addendum will be applicable to all specified areas as noted above which are not currently covered by the existing audio and camera system.

All residents can be assured that the system is maintained in an office with strict access and viewing control and cannot be viewed by any person other than the authorised CEO of the establishment, nominated representatives from the Board of Control and any respective management on a once off incident basis request for purposes of investigation procedures. All Confidentiality will remain a priority in all notable instances and for purposes of investigation.

The Older Persons Act 13 of 2006 clearly stipulates in the functional area of Operational Management that the following sub-areas are to be addressed:

- Human Resources Management, with the output of well trained, motivated and committed personnel.
- Nursing services administration and care, ***with outputs of acceptable standards for continuous care and support of older persons,*** including but not limited to the *reduction of all possible risk factors* to maintain an acceptable homely lifestyle for as long as possible within the facility.
- Rights and responsibilities of older persons with outputs that older persons must be treated with respect and dignity at all times.
- That Elderly persons ***are to be protected*** against abuse, neglect, bad treatment of any kind and exploitation of any form or manner.

The requirements, as clearly outlined and spelt out in the Older Persons Act 13 of 2006 La Gratitude has over the past 35 years strived to meet these requirements of the Act for the full Benefit of our residents to do our utmost best to eliminate as many risks as possible through monitoring processes

and systems, thus the implementation of the camera and audio system implementation to complete the crucial precautionary measures.

Be assured:

The CCTV material is monitored by only the Chief Executive Officer and the respective authorised person approved by the governing Board of this organisation.

Should any of the material be required for the use of evidence in any case under investigation the findings and respective footage will be done with the permission of the resident or his/ her family/ authorised representative or by instruction of a legal body or a court of law.

I accept the above-mentioned information to be to in the best interest of myself / authorised person and agree to the camera with audio system being installed as detailed above.

_____ _____

Resident Name and Surname **Signature**

_____

Full Name of Authorised person on behalf of the Resident unable to sign

Signature _____

Authorised person on behalf of the Resident unable to sign Eg: Son, Sister, Attorney

Relationship to resident : _____

Authorised Representative of La Gratitude

CHIEF EXECUTIVE OFFICER **DATE: ……**

LA GRATITUDE HOME FOR THE AGED
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Email: admin@lagratitude.co.za

INDEMNITY FORM – TRANSPORT

DATE: _____

I acknowledge that transporting elderly persons to destinations such as hospitals, doctor's appointments, clinics, banks, or any other activity may involve inherent risks, which could result in serious injury.

I,
Full Name(s): _____
ID Number:
_____

Hereby agree to the following Terms and Conditions pertaining to the transportation service and provide this indemnity:

1. I understand and accept that this transportation activity is undertaken at my own risk. La Gratitude Home for the Aged, including any of its employees, shall not be held liable for any injury (fatal or otherwise) sustained during or as a result of transportation or related activities, regardless of the cause.
2. La Gratitude Home for the Aged and its employees will not be liable for any physical, material, or property loss or damage sustained by me during transportation, regardless of how such damage may have occurred.
3. I undertake to comply with all lawful instructions given by the employees of La Gratitude Home for the Aged.
4. I hereby indemnify and hold harmless La Gratitude Home for the Aged, its employees, board members, and representatives against all claims or actions arising from my participation in the above-mentioned transportation or related activities.
5. I acknowledge that this agreement sets out the entire relationship between myself and La Gratitude Home for the Aged. It is governed by the laws of South Africa, and in the event of any legal action, I agree that only the courts of South Africa shall have jurisdiction.
6. I declare that I am not under the influence of alcohol or any intoxicating substance at the time of completing and signing this form.

I HEREBY AGREE TO UNDERTAKE THE TRANSPORTATION / ACTIVITY SERVICE ENTIRELY AT MY OWN RI
CONFIRM THAT I HAVE READ, UNDERSTOOD, AND ACCEPT THE INFORMATION AND TERMS SET OUT ABOVE.

SURNAME: _____

FIRST NAMES: _____

ID NUMBER: _____

SIGNATURE OF RESIDENT / AUTHORISED PERSON: _____

SIGNATURE OF DRIVER: _____

SIGNATURE OF LA GRATITUDE REPRESENTATIVE: _____

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INFORMED CONSENT FOR PHOTOGRAPHY AND MARKETING USE

I, _____
ID No. _____

hereby give my full and unrestricted consent for **La Gratitude Home for the Aged** to take still photographs of me. These photographs may be used **solely for marketing purposes** as outlined below:

Approved Marketing Mediums

1. Electronic Platforms:

- Website
- Twitter
- Facebook
- Instagram
- Other digital platforms

2. Hard Copy Materials:

- Brochures
- Pamphlets
- Banners
- Newspapers
- Magazines
- Any other print media applicable to marketing

This consent applies to marketing materials for all three entities of La Gratitude Home for the Aged:

2.1. La Gratitude Flats
2.2. La Gratitude Cottages
2.3. La Gratitude Frail Care Facility (Old Age Home)

By signing this form, I, _____,
ID No. _____,

confirm that I have read and understood this request. I hereby grant **La Gratitude Home for the Aged** full consent to use my photographs **without any restrictions**.

SIGNATURE OF RESIDENT / AUTHORISED PERSON: _____

DATE: _____day of _____20_____.

WITNESSES

1.
Signature: _____
Full Name: _____

2.
Signature: _____
Full Name: _____

LA GRATITUDE HOME FOR THE AGED
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PROTECTIVE RESTRAINT CONSENT FORM

NAME & SURNAME OF RESIDENT:

_____

ID No: _____

It has been determined that the above-named resident requires the use of **protective safety restraints** in order to help prevent self-injury or harm.

The use of restraints will be:

- **Applied with care**, under supervision.
- **Monitored regularly** to ensure proper circulation and ongoing comfort.
- **Reviewed periodically** to assess continued necessity.

NAME & SURNAME OF PERSON PROVIDING CONSENT: RESIDENT/AUTHORISED PERSON

_____

I hereby confirm that I am aware of and give consent for the use of protective safety restraints for the above-named resident, understanding the reasons and safeguards involved.

SIGNATURE: _____

DATE: _____day of _____ 20_____.

LA GRATITUDE REPRESENTATIVE (Nursing Department):
Name & Surname: _____
Signature: _____
Date: _____



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RESIDENT – INFORMED CONSENT

CONSENT TO: PHYSIOTHERAPY, OCCUPATIONAL THERAPY, AUDIO THERAPY, AND SPEECH THERAPY TREATMENT

I, _____,
the undersigned, hereby confirm that I understand and consent to the following:

- During the evaluation and treatment of my medical condition, I may be required to uncover specific parts of my body. I understand that I may **refuse** to do so at any time if I feel **uncomfortable**.
- I acknowledge that the respective therapist may need to perform an **examination through touch** to identify, prescribe, or deliver effective treatment. I will inform the therapist if I feel **uncomfortable** at any point during this process.
- I understand that I have the **full right to withdraw** this consent **at any time**, whether entirely or for a specific procedure or modality. Such a request may be made:
    - **Verbally** to a representative of La Gratitude, who will document the request, which I will confirm with my signature; or
    - **In writing**, using La Gratitude's regulated format.
- I have been informed of the **procedures** involved, including possible **implications**, and have had the opportunity to **discuss these** with the therapist prior to treatment.
- I hereby give consent for physiotherapy and/or other therapy-related procedures to be carried out on me (or my dependant), **provided the therapist performs the required safety evaluations and exercises the necessary precautions**.
- I confirm that this consent is given **freely**, without **duress**, and of my own **free will**.

SIGNED: RESIDENT / NEXT OF KIN / AUTHORISED PERSON

Name: _____

Signature: _____

Date: _____


"The People Who Care"

"The People Who Care"

Telephone: 034 315 5466
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INFORMED CONSENT – SAFETY RESTRAINT

DEFINITION OF SAFETY RESTRAINT

Safety restraints may include:

- **Seatbelts** (used primarily on chairs and wheelchairs).
- **Cotside restraints** (sheets or barriers used to prevent the resident from falling out of bed).

⚠️ **IMPORTANT:** At no time may a resident's hands or feet be tied down.

CONSENT TO: SAFETY RESTRAINT

I, _____,
the undersigned, understand and acknowledge that a safety restraint procedure may need to be applied to me / my family member / next of kin, solely for the purpose of ensuring their safety and preventing injury.

The following information was provided to me and discussed in full:

a) I was informed of the reason for using safety restraints and was requested to provide consent.
b) I was informed that all other alternatives were considered before deciding on the use of restraints.
c) The nature of the safety restraint and the procedures to be followed were explained to me.
d) I was assured that restraints will be used in a way that will not impede circulation.
e) The resident will be supported in a natural anatomical position and will be able to move as freely as possible.
f) Any restraint applied will use a quick-release knot, which can be undone easily in case of emergency and will not tighten with movement.
g) The resident will be monitored at least every 30 minutes while restraints are in use.
h) The resident will never be left unattended while the restraints are temporarily removed.
i) I understand that I have the right to withdraw this consent at any time, either entirely or for specific procedures.
j) I had the opportunity to discuss this procedure with a Professional Nurse.
k) I hereby give informed consent to the use of safety restraints, when necessary, to ensure my safety / the safety of my relative or next of kin.
l) I also consent to the use of cotside restraints, where necessary, to prevent falls.
m) I declare that this consent is given freely and was not made under duress.

"THE PEOPLE WHO CARE"

SIGNED: RESIDENT / AUTHORISED PERSON

_____

FULL NAME (Resident / Authorised Person):

_____

ID No. _____

DATE: _____day of _____20_____.

Telephone: 034 315 5466
Fax: 034 315 5467
Email: admin@lagratitude.co.za
Website: www.lagratitude.co.za

TEMPORARY ROOM ALLOCATION NOTICE

RESIDENT NAME: _____

CURRENT ROOM NO.: _____

Please be informed that **Mr / Ms** _____
will be **temporarily relocated** from:

Wing: _____ **Room No.:** _____

to:

Wing: _____ **Room No.:** _____

Effective Date of Temporary Move: _____

This **temporary relocation** is necessary due to an **emergency or crisis** within the facility, or a situation related to the resident's **health or behaviour**, which requires immediate attention and care.

Please note:

- This arrangement is **temporary**.
- The resident will be **returned to their original room** or **an appropriate alternative** as soon as it is safe and practical to do so.
- We understand this may cause inconvenience, and we **deeply regret** any disruption this may cause to the resident and their loved ones.

We appreciate your understanding and cooperation during this time.

SIGNATURES

NURSING SERVICES MANAGER:

_____ **Date:** _____

PROFESSIONAL NURSE ON DUTY:

_____ **Date:** _____

SOCIAL WORKER:

_____ **Date:** _____

RESIDENT / AUTHORISED PERSON:

Signature: _____

Full Name: _____

Date: _____

Corner of York Road & Bird Street, NEWCASTLE 2940
Telephone: 034 315 5466
Fax: 034 315 5467
Email: admin@lagratitude.co.za
Website: www.lagratitude.co.za

WHEELCHAIR CONSENT AND INDEMNITY FORM

I, _____,
ID No.: _____,

hereby acknowledge that if I push any elderly resident in a wheelchair, I will do so **only with the resident's permission and with the consent of their family**.

I understand that pushing a wheelchair-bound resident may involve inherent risks which could result in serious injury to the resident or myself. Therefore, I accept **full responsibility** for any harm or injury that may occur to either party during this activity.

Terms and Conditions:

1. I undertake this activity **at my own risk**, and I agree that **La Gratitude Home for the Aged**, including its employees, will **not be held liable** for any injuries, fatal or otherwise, sustained during or as a result of this activity or transportation, regardless of how such injuries may be caused.
2. La Gratitude Home for the Aged and its employees will **not be liable for any physical loss, material loss, or damage** to any property sustained by me, however caused.
3. I undertake to comply with all **lawful instructions** given by employees of La Gratitude Home for the Aged.
4. I hereby **indemnify and hold harmless** La Gratitude Home for the Aged, its board members, managers, employees, and contractors from all claims or actions arising from the above activity.
5. I accept that this agreement forms the **full basis of the relationship** between myself and La Gratitude Home for the Aged. It is governed by the **laws of South Africa**, and in the event of legal action, I agree that only the **courts of South Africa** shall have jurisdiction.
6. I declare that I am **not under the influence of alcohol or any other intoxicating substance**.

I hereby agree to push the wheelchair of:

Name of Resident: _____

at entirely my own risk, having read and understood all the information and terms set forth herein.

SURNAME: _____

FIRST NAME: _____

IDENTITY NUMBER: _____

SIGNATURE OF RESIDENT / AUTHORISED PERSON: _____

DATE: _____day of _____20_____.

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