



RETIREMENT LIVING AT ITS BEST.

# Application for Admission for Fleming House Care Accommodation

6 Randjeslaagte Road, Highlands North, Johannesburg, 2092

info@randjesestate.co.za or **jayne@randjesestate.co.za**

011 887 8160/440 4441

www.randjesestate.co.za



Randjes, established in 1936, is a beautiful 42 acre Estate which offers the following Care Accommodation:

- Mid Care
- Frail Care and
- Memory Care.

We also offer Life Right Homes and Rental Studio Apartments. Should you wish to put your name down for Independent Living Homes, please fill in the Independent Living Application form.

### **Smoking**

Smoking is not permitted in the care accommodation and therefore we cannot accept applications from smokers for care accommodation.

### **Sureties**

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

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

### **Medical**

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

### **Community/Harmonious Living**

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

### **Offer and Cost of Accommodation**

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

Attached, please find the information leaflet for our Fleming House Care Accommodation, or consult our website for current prices – [www.randjesestate.co.za](http://www.randjesestate.co.za)

### **General**

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

## APPLICATION FORM FOR RANDJES ESTATE FLEMING HOUSE CARE ACCOMMODATION

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

Surname \_\_\_\_\_ Prof/Dr/Mr/Mrs/Miss/Ms \_\_\_\_\_

Initials \_\_\_\_\_ Forenames \_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

Telephone Nos - Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Place of birth \_\_\_\_\_ Religion \_\_\_\_\_

Occupation or previous occupation \_\_\_\_\_

Hobbies and interests \_\_\_\_\_

Marital status \_\_\_\_\_ If married, full name of spouse \_\_\_\_\_

If sharing with another person, name of person \_\_\_\_\_

Medical Aid Scheme, Type and Number \_\_\_\_\_

How did you get to know about Randjes Estate? \_\_\_\_\_

### NEXT OF KIN AND / OR OTHER CONTACTS

1<sup>st</sup> Next of Kin / Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Physical home address \_\_\_\_\_

Postal code \_\_\_\_\_ Email address \_\_\_\_\_

Home Tel \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2<sup>nd</sup> Next of Kin / Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Physical home address \_\_\_\_\_

Postal code \_\_\_\_\_ Email address \_\_\_\_\_

Home Tel \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## STATEMENT OF INCOME AND ASSETS

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

### Current Income

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

< R 8 000	R 10 000	R12 0000	R14 000	R16 000	R18 000+
-----------	----------	----------	---------	---------	----------

Pension Scheme and Number \_\_\_\_\_

Is your pension inflation linked? (Please tick which applies): **YES / NO**

### Assets / Investments

This should include income derived from property that is let.

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

R 2 000 000 +	R 3 000 000 +	R 5 000 000 +	R 7 000 000 +	R10 000 000 +
---------------	---------------	---------------	---------------	---------------

What monthly income do you derive from these assets/investments? R \_\_\_\_\_

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

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

### Other Monthly Income

From family / friends R \_\_\_\_\_ per month.  
(Family or friends supporting you will need to sign surety).

#### Declaration of income and assets specified above

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### ACCOMMODATION REQUIRED

Preferred care type, please tick one.

Mid Care
  Frail Care
  Memory Care

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

## MEDICAL HISTORY

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

**1. Physical Health**

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

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

Any chronic problems should be disclosed \_\_\_\_\_

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

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

i) \_\_\_\_\_

ii) \_\_\_\_\_

Any chronic problems should be disclosed \_\_\_\_\_

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

\_\_\_\_\_

**3. General Health**

Do you use a stick, walker or wheelchair? \_\_\_\_\_

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

Is your eyesight good, fair or poor? \_\_\_\_\_

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

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

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

Do you smoke? If so, how many per day? \_\_\_\_\_

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

Allergies (Food / Medicine) \_\_\_\_\_

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

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

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

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_