

Owning Care for the Elderly

Owning House

(Sheltered Accommodation for the Elderly)

APPLICATION FORM

Surname: _____ Christian Name: _____

Address: _____

Phone No: _____ Date of Birth: _____

Marital Status: _____ Sex: _____

Religion: _____

Medical Card No: _____ Or Other Medical Cover _____

Name and Address of Your Doctor: _____

_____ Phone No: _____

Medical Ailments _____

Present State of Health: _____

Any Sight, Hearing or Speech Defects? _____

Name and Address of nearest Relative: _____

Personal Care: Are you Capable of (Yes or No)

- | | |
|--------------------------------|--|
| 1. Dressing? _____ | 2. Washing and General Body Hygiene? _____ |
| 3. Shaving? _____ | 4. Preparing Your Meals? _____ |
| 5. Doing Your Housework? _____ | 6. Doing Personal Laundry? _____ |

Self Care Capacity, Mobility, (Yes or No)

- | | |
|---|---|
| 1. Feeding yourself without assistance? _____ | 2. Getting in and out of Bed? _____ |
| 3. Do you use a Walking Stick? _____ | 4. Do you use a Walking Aid? _____ |
| 5. Do you use a Wheelchair? _____ | 6. Can you go out of Doors Alone? _____ |
| 7. Can You Shop Alone? _____ | 8. Can You Manage Your Money? _____ |

Home Situation: (Please tick where appropriate)

(a) Rural _____ (b) Urban _____ (c) Distance from Owning _____

(d) Living with relatives/ friends _____ (e) Living in institution _____

(f) Living in boarding house _____ (g) Living in Hostel _____

(h) Living alone _____

Visits from Family/ Friends /Relatives? Daily _____ Weekly _____ Monthly _____ Yearly _____

Visits to Family/ Friends /Relatives? Daily _____ Weekly _____ Monthly _____ Yearly _____

Social Activities, Interests, Hobbies: _____

Type of Pension: _____ Amount: _____

Other means of income: _____ Amount: _____

Housing Conditions: (Please tick Yes or No where appropriate)

1. Do you own your own home or other property? Yes _____ No _____

2. Is your present house fully serviced? Yes _____ No _____

3. Running water: Yes _____ No _____ 4. Bath: Yes _____ No _____ 5. Toilet: Yes _____ No _____

6. Electricity: Yes _____ No _____ 7. Telephone: Yes _____ No _____ 8. Type of heating: _____

Please give reason for application to Owning House _____

Conclusion:

I wish to make application for Admission to Owning House for tenancy of one of the Houses at Owning and agree to answer all questions truthfully to the best of my ability.

I agree to allow a member of the admissions committee visit me in my present residence. (False information may preclude an applicant from further consideration of tenancy)

Signed: _____

Declaration:

I _____ of _____

Hereby undertake to pay to Owning House in respect of the accommodation and services provided to me as a temporary resident the amount to be agreed with the management of Owning House. I have read and understand the conditions set out in this document and agree to abide by them.

Signed: _____ Date: _____

Owning Care for the Elderly

Owning House

(Providing Sheltered Accommodation for Elderly People)

Owning, Piltown, Co. Kilkenny.

Telephone: 051-643136, 643611

Fax: 051 643011

Official Conditions of Admission

1. All admissions to the house are at the discretion of the Management Board at the advice of the Admissions Board.
2. Administrator is in charge of the day to day management of the house and acts as admissions officer.
3. Management decisions are administered by the administrator and must be adhered to by all the residents and staff.
4. All houses must be maintained to a very high standard of hygiene, with the help of the staff if required.
5. Consideration for other residents must be foremost at all times.
6. Any Resident staying away overnight must advise the Administrator in advance to avoid confusion.
7. Any Resident absent without sanction for over a month may surrender the tenancy of their house.
8. Residents are expected to attend dinner in Sue Ryder House dining room at 1pm unless there is a good reason for not doing so. The kitchen Supervisor must be informed early in the day if the Resident is unable to attend
9. The Administrator or Management must sanction any furniture or furnishings, which the Resident wishes to bring. Residents shall have full responsibility for their own personal belongings and management shall have no liability for any loss or damage caused therein.
10. All Residents are entitled to their own medical doctor of choice and are asked to arrange accordingly
11. Any discharge for health reasons i.e. total supervision or long term nursing care will always be with full consultation with the Resident's own doctor. At this point, family or next of kin must take over responsibility for the Resident's future care.
12. Management reserves the right to discharge any Resident causing continuous unreasonable, un co-operative disturbing behaviour, which disrupts other residents and staff in the discharge of their duties.

13. The Management will not tolerate alcoholic abuse in any form. Any Resident with such abuse will be asked by Management to leave and seek alternative accommodation.
14. If a Resident wishes to make a complaint, such can be made to the Administrator. Where the Administrator fails to deal satisfactorily with the complaint the Resident may submit the complaint to the chairperson of the house management. Ultimately a complaint may be brought up at committee level by a representative of the Resident.
15. Rents will be reviewed annually.
16. The Administrator may defer to management any breach of the above rules.

Acceptance of the above conditions

I understand the above conditions and agree to be bound by the same.

Signed: _____

Date: _____

Witness: _____

Next of Kin

I understand the above conditions and rules and agree to be bound by the same as far as they are my responsibility.

Signed: _____

Date: _____