

Application for admission to Care Haven Centre

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Care Haven Centre
14-20 Belmont House
Central
Port Elizabeth
6001

Identifying Particulars:

Name in full: _____ Date of birth: _____

Identity Number: _____ Pension no: _____

Income per month: _____ Religion: _____

Present residential address: _____

Other Information:

Are you physically in good health? Yes/No (If possible a medical certificate must accompany this application)

Do you have burial insurance? Yes/No

(If no, who will take responsibility?) _____

Name, address and phone number of next-of-kin: _____

Why do you wish to take up residence at Care Haven Centre?

Your attention is brought to the following compulsory conditions, which must be accepted by you and your next-of-kin, prior to being accepted for admission:

- No alcohol or drug abuse is allowed, nor persons with a history of such abuse. Immediate eviction for abusers!
- Payment of board and lodging is paid in advance, prior to admission. Our policy is no pay, no stay!
- One calendar month's written notice is required when vacating, or payment in lieu thereof.
- Daily occupational therapy classes of 4 hours are compulsory.
- All new residents are taken on a 3-month trial basis, with a 48-hour notice from either party.
- Any display of aggressive or abusive behaviour as well as theft will result in immediate eviction.
- Any damage to property either accidentally or willfully, will result in your having to pay there for.
- Care Haven accepts no responsibility for theft, loss of, or damage to residents' property.

I, _____ the prospective resident to Care Haven Centre accept the above stated conditions.

Signature: _____ Date: _____

I, _____ the next-of-kin hereby accept the conditions as laid down by Care Haven.

Signature: _____ Date: _____

A medical professional's report must accompany this application form.

General admission criteria for prospective residents to Care Haven Centre

Psychiatric and Medical Conditions:

- **A medical certificate completed by a Medical Officer giving the diagnosis and listing the prescribed medication of the applicant, must accompany the application form, or it will not be considered at all.**
- The applicant must be a psychotic and socially functional at the time of admission to Care Haven Centre.
- Must be stabilised on prescribed medication, which must be submitted to the centre staff upon admission for administration.
- Applicants must have a history of admission to an institution for psychiatric illness, prior to being referred to Care Haven.
- Applicants with primary illness of alcohol or drug abuse are not seen as psychiatric, and will not be admitted.
- Applicants with a physical disability, which affects their mobility, cannot be accommodated, nor can persons suffering from chronic epilepsy.
- Applicants with a diagnosis of personality disorder or disruptive behavior cannot be considered at all.

Age and Health:

- Applicant must be over 18 years of age and not more than 55 years. Older applicants only taken on a motivated report.
- Applicants must be mobile and be able to dress, bath and feed themselves.
- Applicants suffering from any form of lack of control over bladder and bowel movements cannot be considered.

Medical Professional Assessment:

- **A detailed clinical background report from a medical professional employed by either the State or private organisation is compulsory, and must accompany the application form, or it will not be considered at all.**

Psychological Assessment:

- If possible, a report from a clinical psychologist must accompany the application form.
- A flexible minimum score of 70 on an intelligence test is necessary, or the applicant must be well trained and suited to adjust to a routine environment. Care Haven cannot provide services to mental retards requiring constant supervision.

Finances:

- If possible, proof of income or disability grant must be submitted with the application form.
- One month board and lodging is payable in advance, prior to admission (without exception) and is determined according to income on a sliding scale.
- One calendar month's written notice is required when vacating, or payment in lieu thereof.
- Applicants to have sufficient money for toiletries, personal items and clothing, or this must be supplied by the next-of-kin.

Occupational Therapy:

- If possible, a report from an occupational therapist, a skill's teacher, or an employer on work ethic of the applicant must accompany the application form.
- The applicant must realise that a minimum of 4 hours per day (Monday to Friday) will be spent working in the occupational therapy department, without exception.

General Information:

- All prospective residents are admitted on a 3-month trial basis, and should the applicant not adjust to the centre, the applicant will be returned to the person or organisation which placed him.
- No resident is allowed in his/her bedroom from 09H00 to 12H30 and from 14H00 to 16H00 during weekdays
- Each resident has his/her own bedroom which must be kept neat and tidy at all times.
- Smoking is only permitted in the resident's bedroom and in the outside courtyards. We do not encourage smoking at all.
- No violent, aggressive, abusive or drunkard behaviour is tolerated at all and will result in immediate eviction.

Indemnity and Release Form for Admission to Care Haven Centre

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I, the undersigned _____, person applying to take up residence at Care Haven Centre, 14-20 Belmont Terrace, Central, Port Elizabeth: do hereby agree to indemnify and absolve from liability the Management of Care Haven Centre or its members, staff or agents, in respect of loss or damage caused by, or suffered in consequence of the death of, or any personal injury to myself, whilst on the premises of or under the care of, or whilst being conveyed per vehicle by the Centre.

Without derogating from the generality of the foregoing, this indemnity shall extend to:

- any claim for damages which could be brought by me personally in addition to the claim which could be brought on behalf of me and;
- all loss or damage suffered whether due solely to the negligence, whether gross or otherwise of the organisation and a third party;

I furthermore agree and give permission for the following:

- that my clothing be washed at Care Haven Centre and that the staff not be held responsible therefor for loss or damage thereto;
- I will retain all personal effects, valuables and money at my own risk and will not hold Care Haven liable for any loss through theft or otherwise, which may occur during my stay;
- I understand and agree that should it become necessary for me to undergo any tests, treatment or hospitalisation at any time, I will personally be liable for any cost incurred;
- I also grant permission that clinical information of my mental health and other conditions may be given to professional staff at a registered hospital, NGO or any similar organisation by the staff of Care Haven;
- Likewise, I grant permission that any hospital or other institution may release clinical information of my mental health and any other conditions to the professional staff at Care Haven.
- I grant permission to the staff of Care Haven to inspect my bedroom and personal property from time to time.

Dated at _____ this _____ day of _____ 20____

Signature: _____ Witness: _____

Referral report from Medical Professional for admission application to Care Haven Centre

Name of applicant: _____ Date of birth: _____

If relevant, referring organisation's name, address and phone number: _____

Referring Professional: _____ Phone: _____

Name, address and phone number of next-of-kin who will maintain contact with applicant upon admission to Care Haven:

_____ Phone: _____

Applicant's financial status and capability to manage money: _____

Educational qualifications: _____

Employment history: _____

Possibility of future employment: _____

Can the applicant work in an occupational therapy setting? _____

Is the applicant currently an in-patient at an institution, if yes, where and why? _____

If the applicant is currently an in-patient, who is the treating psychiatrist? _____

Applicant's psychiatric diagnosis: _____

Age of applicant when first diagnosed and treated as psychiatric: _____

Dates of admission and places admitted to for psychiatric treatment: _____

Has the applicant managed his own medication previously? _____

Describe the present living conditions of the applicant: _____

Has the applicant ever lived independently? If yes, describe the conditions and any difficulties encountered:

Discuss the family dynamics and relationship the applicant has with them: _____

How is the appearance, neatness, bathing and general hygiene? _____

Does the applicant have an irregular sleeping pattern, i.e. late to bed and up late in the morning or sleeps too much:

Discuss the eating habits of the applicant: _____

Is there a history of alcohol or drug abuse? If yes, has the applicant received treatment thereto and when was the last date of abuse? _____

Is the applicant sexually active and is there a history of sexual issues? _____

Is there a history of conflict and aggression towards others by the applicant? _____

Is there a history of any suicidal attempts or threats of suicide? _____

Please provide details of any other risk behaviour such as shop lifting, self-inflicted injury etc? _____

Does the applicant have involvement with social activities? (e.g. church, clubs, etc.) _____

Does the applicant have a criminal record? If yes, provide details: _____

Why does the applicant require accommodation at Care Haven? _____

Does the applicant have a driver's license and / or car? _____

Signature of Medical Professional _____ Date _____

This completed report must be accompanied by:

- Completed and signed (by the applicant and the next-of-kin) application form for admission to Care Haven Centre;
- Medical certificate stating psychiatric diagnosis and applicant's medication.