

**APPLICATION FOR ADMISSION**

(Antrag um Aufnahme)

SURNAME (Name) .....

CHRISTIAN NAMES (Vornamen) .....

MAIDEN NAME: (Mädchenname) .....

I.D. NUMBER: (Identifikations-Nummer) .....

PENSION NUMBERS: (Pensions-Nummern).....

HOSPITAL NUMBER: (Hospital-Nummer) .....

DATE & PLACE OF BIRTH: .....

(Geburtsdatum und Ort)

NATIONALITY: (Nationalität) .....

RELIGIOUS DENOMINATION: (Konfession).....

CONGREGATION: (Kirchengemeinde) .....

IMMIGRATION DATE (Einwanderungsdat.).....

MEDICAL AID: NAME & NUMBER .....

(Krankenkasse: Name & Nummer)

AFFILIATION TO CLUBS & SOCIETIES: .....

(Zugehörigkeit zu Clubs & Vereinen)

OCCUPATIONAL SKILLS: (Berufsausbildung).....

MARITAL STATUS: (Familienstand)

Married (Verheiratet)

Widowed (Verwitwet)

Divorced (Geschieden)

Separated (Getrennt)

Single (Ledig)

NAME & ADDRESS OF SPOUSE : .....

(Name & Anschrift des Ehegatten)

Admission Section I

**PARTICULARS OF ALL CHILDREN**  
**(Angaben aller Kinder)**

	1	2	3	4	5
NAME					
Date of Birth Geburtsdatum					
ADDRESS Anschrift					
Tel.					
Cell.					
e-mail					
OCCUPATION Beruf					
MARITAL STATUS Ehestand					
NUMBER OF CHILDREN Anzahl kinder					

**T O WHOM MUST THE  
ACCOUNT BE POSTED?**  
 (Wer bekommt die Rechnung  
 zugeschickt?)

Name: .....

Address: .....

.....

.....

Tel: .....Fax: .....

Cell/Mobil: .....

e-mail .....

**WHO MUST BE NOTIFIED  
IN CASE OF ILLNESS OR AN  
EMERGENCY?**  
 (Wer muss im Krankheitsfalle  
 benachrichtigt werden?)

Name: .....

Street Address: .....

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Tel: .....Fax: .....

Cell/Mobil: .....e-mai: .....



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Admission Section I

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PARTICULARS I.R.O. PRESENT ACCOMMODATION AND CARE:  
(Angaben in Bezug auf die heutige Unterkunft und Pflege)

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MOTIVATION WHY ADMISSION TO AN OLD AGE HOME IS NECESSARY:  
(Begründung warum um Aufnahme gebeten wird)

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REQUIRED ADMISSION DATE :  
(Erwünschte Aufnahmeterrnin)

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Admission Section I

**WHICH OF THE FOLLOWING SERVICES IS REQUIRED?**

(Welche der folgenden Dienste wird benötigt?)

After care:

(Nachbehandlung und Pflege)

Short-term admission:

(Kurzfristige Aufnahme)

Long-term admission:

(Langfristige Aufnahme)

**IS A SPECIAL DIET REQUIRED? (Please specify)**

(Ist eine spezielle Diät erforderlich?)

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**IS ANY SPECIAL CARE REQUIRED? (Please specify)**

(Ist eine spezielle Behandlung erforderlich?)

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**REMARKS (Any concern you would like to bring to our attention)**

(Anmerkung: Besonderheiten die beachtet werden müssen)

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Admission Section I

**DECLARATION OF INCOME AND EXPENDITURE**

(This declaration of income is to be completed for subsidy purposes if the applicant's income is below R1,300.- per month.)

**SECTION A: Income**

	REFERENCE NUMBER	MONTHLY AMOUNT	
		SELF	SPOUSE
1. Type of Pension			
1.1			
1.2			
2. Interest on Investment (Specify)			
2.1			
2.1			
3. Other sources of Income (Specify)			
3.1			
3.2			
3.3			
4. No Income (Indicate with X) z			
<b>TOTAL</b>			

**SECTION B: Expenditure**

The following monthly expenditure is deductible	SELF	SPOUSE
Expenditure i.r.o. medicine on prescription		
Membership fees of a medical fund		
Compulsary insurance		
Tax on property		
Rental\bond instalments		
<b>TOTAL</b>		

**AFFIDAVIT - TO BE COMPLETED IN THE PRESENCE OF THE COMMISSIONER OF OATHS**

1. I CERTIFY THAT BEFORE ADMINISTERING THE OATH/AFFIRMATION, I ASKED THE DEPONENT THE FOLLOWING QUESTIONS AND WROTE DOWN HIS/HER ANSWERS IN HIS/HER PRESENCE

a. DO YOU UNDERSTAND THE CONTENTS OF THE DECLARATION OF INCOME?  
ANSWER: .....

b. HAVE YOU READ THE COVER LETTER AND HOUSE RULES. HAVE YOU BEEN DULY INFORMED THAT THESE DOCUMENTS ARE BINDING ON BOTH THE APPLICANT AND GUARANTOR ?  
ANSWER: .....

c. DO YOU HAVE ANY OBJECTION IN TAKING THE PRESCRIBED OATH?  
ANSWER: .....

d. DO YOU CONSIDER THE PRESCRIBED OATH TO BE BINDING ON YOUR CONSCIENCE?  
ANSWER: .....

2. 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 DEPONENT'S AND HIS/ HER RELATIVES' SIGNATURE / THUM PRINT /MARK WAS PLACED THEREON IN MY PRESENCE.

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COMMISSIONER OF OATHS FOR THE  
REPUBLIC OF SOUTH AFRICA

.....  
DATE

.....  
PLACE

.....  
SIGNATURE OF APLICANT

.....  
SIGNATURE OF GUARANTOR

.....  
SIGNATURE OF WITNESS 1

.....  
SIGNATURE OF WITNESS 2

**FOR OFFICE USE ONLY**

**SECTION C: Assessment by departmental screening officer**

GROSS INCOME	EXPENDITURE	NETT INCOME	INCOME GROUP CODE

NAME: .....

RANK: .....

DATE: .....

**SECTION D: Bookkeeping and admin data**

Accommodation allocated: .....

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Admission date: .....

Cost structure: Accommodation category: .....

Nursing Category: .....

Income category: .....

Costs

Actual cost	R
Additional fees	R
Minus subsidy	R
Total	R
VAT	R
<b>TOTAL</b>	R

Deposit paid: Yes:  No:

Receipt Number: .....

Date: .....

Remarks: .....

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