**ST. JOHN’S HOME FOR ELDERLY PERSONS**

INFORMATION FOR APPLICANTS AND SPONSORS

(ON RESPITE CARE ADMISSION PROCEDURES)

DEFINITION OF RESPITE CARE

1. Respite Care or short-term care is temporary supported living at a Sheltered Home.
2. It provides an opportunity for familial caregivers to take a break for a few days to weeks at a time.

PHILOSOPHY OF CARE

Delivering Person-Centred, Holistic and Quality Care Services that Enable and Enrich the Quality

of Life of Our Residents.

TERMS & CONDITIONS FOR ADMISSION

1. Applicants should normally be at least 60 years old. (Those between 50 and 60 may be considered).

2. They should be reasonably well and ambulant.

3. The Minimum Period of Stay (MPS) is 7 days. The maximum stay period is up to 90 days in aggregate per calendar year.

4. Any residency beyond the maximum stay period would require approval from the Management Committee. Appeals to extend the maximum stay period must be supported by the Admission Sub-Committee.

5. The Sponsor will be responsible for clinic / polyclinic, hospital and related expenses incurred by the Resident and making the necessary arrangement for medical appointments, TCU and check-ups.

6.  If the Resident fails to comply with the Rules and Regulations of the Home, the Management Committee has the right to terminate the Respite Care stay and require the Sponsor to remove the Resident from St. John's Home no later than 7-days of receipt of such a notice

# APPLICATION FORMS

1. Complete the Respite Care Admission Application Form

2. Obtain and attach a Chest X-ray Report

3. Send the filled application form and chest X-ray report to St John’s Home for Elderly Persons.

# FEES

1. A non-refundable fee of $100 before GST will be payable for each application.

2. The charge of $100 per day before GST includes accommodation, meals, laundry, physiotherapy services, programmes / activities and use of facilities.

3. Successful applicants will be charged 7 days (MPS) even if the actual days of stay consumed are fewer than Minimum Period of Stay.

4. The total charges are payable in full upon admission.

5. Applicants are welcome to apply for financial aid from St John’s Home for Elderly Persons if they cannot afford the charges.

# ST. JOHN’S HOME FOR ELDERLY PERSONS

PARTICULARS OF SPONSOR & GUARANTOR

## For Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NRIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Telephone No. (mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Occupation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address employer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Telephone No. (office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Reasons for the application of respite care services?

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I certify that the particulars stated in this form are true, correct and complete.

i) I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals for the purposes as stated below. I trust that the information will strictly be used for the purposes stated.

1. Evaluation of the client’s suitability for social services or administering of social services to the applicant.
2. Provision of care services (including but not limited to medical care, physiotherapy and counselling), to the client.
3. As required by government agencies.

ii) I agree for St. John’s Home for Elderly Persons to contact me for any other purposes related to the services the Home is providing or had provided for my charge and/or on matters which I have ongoing relationship with the Home.

iii) St. John’s Home for Elderly Persons reserve the right to change the Terms & Conditions for Admission at our sole discretion and at any time, by posting the revised or modified Terms on or through our website, or through such other means as we may deem appropriate. We reserve the right to approve or disapprove any application, or any part thereof, to you without ascribing any reasons and without liability to you whatsoever.

Signature of Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Home Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NRIC of Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_