

APPLICATION FORM: ST PAULS' EVENTIDE HOME

1. Full Name (in block letters): -----

2. Present Address and Tel No.: -----

3. Date of Birth: ----- 4. National ID No.:-----

5. Civil Status: Single/Married/Divorced/Widowed: -----

6. If Married: Name of Spouse:-----

7. Name of Children and Occupation:-----

8. Occupation before Retirement:-----

9. Church Affiliation:-----

10. Address of Parish Priest, Pastor or Minister for recommendation:

11. Names and addresses of two next of kin/guardian/sponsors who would be sponsor for you in the event of your demise or becoming disabled. They must fill in the separate Sponsor Guarantee form.

A:-----

B: -----

**ST PAULS' EVENTIDE HOME
CERTIFICATE OF SPONSOR (1)**

I -----

The undersigned of (Address) -----

-----Tel No: -----

Take full responsibility for :

1. Ensuring payment of monthly dues for (Applicant's name) -----

Who is my (relationship) -----

Signature: ----- Date: -----

Name: -----

.....

**ST PAULS' EVENTIDE HOME
CERTIFICATE OF SPONSOR (2)**

I -----

The undersigned of (Address) -----

-----Tel No: -----

Take full responsibility for :

1. Ensuring payment of monthly dues for (Applicant's name) -----

Who is my (relationship) -----

Signature: ----- Date: -----

Name: -----

**ST PAULS' EVENTIDE HOME
CERTIFICATE OF GUARDIANSHIP (1)**

I -----

The undersigned of (Address)-----

-----Tel No: -----

Take full responsibility for :

1. Nursing care of the applicant during hospitalization or special nursing.
2. Removing the applicant from the Home for disciplinary reasons.
3. Funeral arrangements.

(Applicant's name) -----

Who is my (relationship) -----

Signature: ----- Date: -----

Name: -----
.....

**ST PAULS' EVENTIDE HOME
CERTIFICATE OF GUARDIANSHIP (2)**

I -----

The undersigned of (Address)-----

-----Tel No: -----

Take full responsibility for :

1. Nursing care of the applicant during hospitalization or special nursing.
2. Removing the applicant from the Home for disciplinary reasons.
3. Funeral arrangements.

(Applicant's name) -----

Who is my (relationship) -----

Signature: ----- Date: -----

Name: -----

Other Requirements and Conditions:

Eligibility: Christians over 60 years of age, able to carry out the activities of daily living and share a room. If personal assistance, the occupant/sponsor will be responsible for additional expenses too.

- A non refundable deposit of Rs 50,000.00/- has to be made by you before entering the Home. If you leave the Home within a period of 3 months, a proportionate deduction of Rs 10,000/- per month will be made.
 - A monthly payment of Rs 10,000/- is due which amount may be increased at the committee's discretion.
 - A written undertaking will be necessary from the donor/sponsor with regard to additional expenditure and hospitalization.
 - Admission is offered after an interview with yourself and your immediate relatives.
 - If an inmate was seeking to leave the Home within a period of three months, a proportionate deduction of Rs 10,000/- per month will be made.
1. An inventory of your personal effects and valuables should be made available, on entering the Home, and valuables handed over to the Matron for safe keeping.
 - a) Inventories of residents to be kept in their personal files
 - b) No personal electrical appliances will be allowed in the room. Furniture of items brought with them when entering cannot be taken back by the occupants/guarantors
 - c) Jewellery – beneficiary's name to be nominated to hand over
 - d) Your medical history to be recorded in personal file
 2. Your place could be deemed vacant in the event of:-
 - a) you being unable to fit with the rest of the family
 - b) Disciplinary reasons due to misconduct
 - c) Not observing the Home rules and regulations
 - d) Non payment of dues of two successive months

The Board of the Home would make the final decision after an inquiry.

3. Absence from the Home: A book will be maintained for such. Times of arrival and departures should be adhered to. You are advised not to go out by yourself.
4. Mealtimes should be strictly observed.
5. This is your Home keep your rooms and toilets tidy and clean.
6. Smoking and consumption of alcohol is totally prohibited.
7. A locker will be made available for your personal effects. A duplicate key will be kept in the office.
8. Family and friends are welcome to visit you but at stipulated times.

* Morning 09.30 – 11.30 a.m * Afternoon 03 – 06 p.m
9. Telephone calls will be possible at extra charge. A book will be maintained for such. Incoming calls can be received between certain hours.
10. Electricity and water are expensive utilities. Please see that their waste is avoided.
11. Your participation in keeping the garden beautiful would be very welcome.
12. Reading material will be available and possibly a library. A handwork corner will also be maintained.
13. Recreation: Games / TV / DVD / CDs / Radio will be available in the common room. Sharing and caring for them will make it more pleasant for all.

This is your home – make it as welcoming and comfortable as possible for you and all others that come in. We will join you to do all we can to make it the best.

God bless you.