

ST. JOHN'S HOME FOR ELDERLY PERSONS

INFORMATION FOR APPLICANTS AND SPONSORS **(ON ADMISSION PROCEDURES)**

CRITERIA FOR APPLICATION:

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. TWO Sponsors who are residing and working in Singapore are required
4. Other criteria are stated in the common Admission Application Form of Shelter Homes

APPLICATION FORMS

1. Complete the common Admission Application Form of Shelter Homes, including the Medical Report (Section C of the form, to be completed by a doctor). Various reports/attachments required as stated in the form are to be provided.
2. Complete the Resident Assessment Form (RAF, to be completed by a doctor)
3. Obtain and attach a Chest X-ray Report
4. Complete the Sponsors forms (appended to this document), one for each sponsor, duly signed.
5. Send the completed application form, chest X-ray report, medical report, RAF and sponsors' forms to St. John's Home For Elderly Persons.

INTERVIEW

1. We will inform you if your application for admission can be considered.
2. Interview will be conducted for applicant who meets the application criteria.
3. Both Sponsors must attend the interview together with the applicant.
4. If applicant is on Public Assistance, the Medical Social Worker or someone assigned should attend the interview with the applicant.

MAINTENANCE AGREEMENT (STATUTORY DECLARATION)

1. **DO NOT** complete the Maintenance Agreement (Statutory Declaration) appended to this document until you are told that the application for admission is successful.
2. Upon approval of application by the Home, submit the completed Maintenance Agreement (Statutory Declaration), one copy for each sponsor, to the Home's General Manager.
3. You will be informed when the applicant can be admitted.

FEES

1. Upkeep fee is \$1,500 per month. 7% GST is payable. Total of \$1,605 per month, inclusive of GST. Fee reduction will be considered on a case-by-case basis, upon appeal.
2. Public Assistance Resident will pay the prevailing amounts as determined by MSF – currently \$600/month or as determined by the Government.
3. Resident who needs fee assistance may apply for need-based subsidy provided by our Home to help reduce their net payable fee per month.

ST. JOHN'S HOME FOR ELDERLY PERSONS
PARTICULARS OF SPONSOR & GUARANTOR (1)

For Applicant: _____

1. Name of Sponsor: _____
2. NRIC No: _____ Age : _____
3. Address : _____
4. Telephone No. (mobile): _____ Telephone No. (home): _____
5. E-Mail : _____
6. Relationship to Applicant : _____
7. Occupation : _____
8. Employer : _____
9. Address (employer) : _____
10. Telephone No. (office) : _____ Total Monthly Income: _____
11. Reasons why you cannot accommodate the Applicant?

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

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.

- a. Evaluation of the client's suitability for social services or administering of social services to the applicant.
- b. Provision of care services (including but not limited to medical care, physiotherapy and counselling), to the client.
- c. As required by government agencies.

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.

Signature of Sponsor: _____ Signature of Home Staff: _____

Date: _____ Name: _____

NRIC of Staff: _____ Date: _____

Maintenance Agreement/Statutory Declaration attached (to be completed only when application is approved)

ST. JOHN'S HOME FOR ELDERLY PERSONS

PARTICULARS OF SPONSOR & GUARANTOR (2)

For Applicant: _____

1. Name of Sponsor: _____

2. NRIC No: _____ Age : _____

3. Address : _____

4. Telephone No. (mobile): _____ Telephone No. (home): _____

5. E-Mail : _____

6. Relationship to Applicant : _____

7. Occupation : _____

8. Employer : _____

9. Address (employer) : _____

10. Telephone No. (office) : _____ Total Monthly Income: _____

11. Reasons why you cannot accommodate the Applicant?

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

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.

- a. Evaluation of the client's suitability for social services or administering of social services to the applicant.
- b. Provision of care services (including but not limited to medical care, physiotherapy and counselling), to the client.
- c. As required by government agencies.

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.

Signature of Sponsor: _____ Signature of Home Staff: _____

Date: _____ Name: _____

NRIC of Staff: _____ Date: _____

Maintenance Agreement/Statutory Declaration attached (to be completed only when application is approved)

Consent for Collection and Use and/or Disclosure of Personal Data by Client

* The following information has been translated in _____ (specify language) to me by _____ Name of staff, Designation) on _____ (dd/mm/yy).

* delete if not applicable.

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.

- a. Evaluation of my suitability for social services or administering of social services to the applicant.
- b. Provision of care services (including but not limited to medical care, physiotherapy and counselling).
- c. As required by government agencies.

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 me with and/or on matters which I have ongoing relationship with the Home.

Name of Client: _____ NRIC _____

Signature/Thump Print: _____ Signature of Home Staff: _____
of Client

Date: _____ Name: _____

NRIC of Staff: _____ Date: _____

To: The General Manager
St. John's Home For Elderly Persons

Consent for Collection and Use and/or Disclosure of Personal Data by Authorised Persons

I, _____, NRIC _____ agree to allow St. John's Home For Elderly Persons to contact me for purposes related to the services the Home is providing or had provided to _____ (resident's name), NRIC _____ and/or on matters which I have ongoing relationship with the Home.

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.

- a. Provision of care services (including but not limited to medical care, physiotherapy and counselling), to the client.
- b. As required by government agencies.

Signature/Thump Print: _____ Signature of Home Staff: _____
of Client

Date: _____ Name: _____

NRIC of Staff: _____ Date: _____

STATUTORY DECLARATION

Name of Resident: _____

I, _____ NRIC _____ Occupation _____

residing at _____

do solemnly and sincerely declare that:-

1. I will pay the sum of \$_____per month (inclusive of GST) to St. John's Home For Elderly Persons (the "Home") or such other increased amounts as determined by the Management Committee at its discretion.
2. I will be responsible for the medical, Hospital and related expenses by the Resident and making the necessary arrangement for medical appointments and check-ups.
3. (i) I will remove the Resident at my/our cost from the Home immediately upon receipt of the Management Committee's decision that the resident should be removed from the Home and the Management Committee need not assign any reason for its decision.

(ii) In the event that I fail to remove the Resident within 14 days from the date of such a request, the Management Committee shall be entitled to send the Resident to the home of any of the sponsors at the Management Committee's absolute discretion.
4. All information and records provided by me/us to the Home regarding the Resident's application to stay at the Home are true and accurate. In particulars, I expressly confirm that the Resident is not suffering from and has no previous history of: (i) Any Mental illness and or (ii) Dementia
5. I will abide strictly with all rules, regulation and directions of the Home and the decision of the Home and the decision of the Management Committee in all matters pertaining to the Residents shall be final.
6. Any payments or costs incurred by the Management Committee will be debt due and owing by me and recoverable against us immediately. All legal fees by the Management Committee in enforcing the terms of this declaration shall be borne by me on an indemnity basis.
7. I agree that the Home and its representatives may use any photograph or recording (including video recording) of the Resident and any handicraft done by him/her as part of the Home's programme, for non-commercial publicity of the Home.
8. I hereby agree to indemnify St. John's Home For Elderly Persons, its Management Committee, its appointed staff and registered volunteers from all legal liability in respect of any personal injury, loss or damage or whatsoever suffered by the Resident as a consequence of his/her stay at the premises of St. John's Home For Elderly Persons.

And I make this solemn declaration by virtue of the provisions of the Oaths and Declaration Act (Cap. 211), and subject to the penalties provided by that Act for making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature of Declarant

Interpreted by:

Declared before me at Singapore this _____ day of _____

Justice of the Peace, Commissioner of Oaths or other Officer
empowered by law to administer oaths, affirmations or affidavits

STATUTORY DECLARATION

Name of Resident: _____

I, _____ NRIC _____ Occupation _____

residing at _____

do solemnly and sincerely declare that:-

1. I will pay the sum of \$_____per month (inclusive of GST) to St. John's Home For Elderly Persons (the "Home") or such other increased amounts as determined by the Management Committee at its discretion.
2. I will be responsible for the medical, Hospital and related expenses by the Resident and making the necessary arrangement for medical appointments and check-ups.
3. (i) I will remove the Resident at my/our cost from the Home immediately upon receipt of the Management Committee's decision that the resident should be removed from the Home and the Management Committee need not assign any reason for its decision.

(ii) In the event that I fail to remove the Resident within 14 days from the date of such a request, the Management Committee shall be entitled to send the Resident to the home of any of the sponsors at the Management Committee's absolute discretion.
4. All information and records provided by me/us to the Home regarding the Resident's application to stay at the Home are true and accurate. In particulars, I expressly confirm that the Resident is not suffering from and has no previous history of: (i) Any Mental illness and or (ii) Dementia
5. I will abide strictly with all rules, regulation and directions of the Home and the decision of the Home and the decision of the Management Committee in all matters pertaining to the Residents shall be final.
6. Any payments or costs incurred by the Management Committee will be debt due and owing by me and recoverable against us immediately. All legal fees by the Management Committee in enforcing the terms of this declaration shall be borne by me on an indemnity basis.
7. I agree that the Home and its representatives may use any photograph or recording (including video recording) of the Resident and any handicraft done by him/her as part of the Home's programme, for non-commercial publicity of the Home.
8. I hereby agree to indemnify St. John's Home For Elderly Persons, its Management Committee, its appointed staff and registered volunteers from all legal liability in respect of any personal injury, loss or damage or whatsoever suffered by the Resident as a consequence of his/her stay at the premises of St. John's Home For Elderly Persons.

And I make this solemn declaration by virtue of the provisions of the Oaths and Declaration Act (Cap. 211), and subject to the penalties provided by that Act for making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature of Declarant

Interpreted by:

Declared before me at Singapore this _____ day of _____

Justice of the Peace, Commissioner of Oaths or other Officer
empowered by law to administer oaths, affirmations or affidavits

DECLARATION
(For applicant who is under Public Assistance)

Name of Resident: _____

I, _____ NRIC _____ Occupation _____

residing at _____

declare that:-

1. I will pay the Home on a quarterly basis in April, July, October and January each year the sum of \$300 being the quarterly Silver Support payout received by the Resident, so long as he receives the Silver Support payout and he continues to stay at the Home.
2. (i) I will remove the Resident at my/our cost from the Home immediately upon receipt of the Management Committee's decision that the resident should be removed from the Home and the Management Committee need not assign any reason for its decision.

(ii) In the event that I fail to remove the Resident within 14 days from the date of such a request, the Management Committee shall be entitled to send the Resident to the home of any of the sponsors at the Management Committee's absolute discretion.
3. All information and records provided by me/us to the Home regarding the Resident's application to stay at the Home are true and accurate. In particulars, I expressly confirm that the Resident is not suffering from and has no previous history of: (i) Any Mental illness and or (ii) Dementia
4. I will abide strictly with all rules, regulation and directions of the Home and the decision of the Home and the decision of the Management Committee in all matters pertaining to the Residents shall be final.
5. I agree that the Home and its representatives may use any photograph or recording (including video recording) of the Resident and any handicraft done by him/her as part of the Home's programme, for non-commercial publicity of the Home.
6. I hereby agree to indemnify St. John's Home For Elderly Persons, its Management Committee, its appointed staff and registered volunteers from all legal liability in respect of any personal injury, loss or damage or whatsoever suffered by the Resident as a consequence of his/her stay at the premises of St. John's Home For Elderly Persons.

Signature of Declarant

Interpreted by:

Declared before me at Singapore this _____ day of _____