

Rose of Sharon Charitable Trust

C-503, 5th Floor, Gaurav Residency
Near Mayor's Bungalow, Mira Road 401 107
website: roseofsharontrust.org
E-mail: pastorsaroja@gmail.com



APPLICATION FORM

Application Form No :

Date :

Instructions :

1. Please fill all details in BLOCK LETTERS.
2. Kindly attach any one of the following. *Proof of Residence* for both – The **Applicant** as well as the **Introducer**. (Xerox of Ration Card / Passport / Domicile Certificate)
3. Any further details, if required will be given when contacted personally.
4. Submission of the application form does not guarantee admission. Admission is solely at the discretion of the Managing Trustee.
5. **Applicant** is the individual to be admitted, **Introducer** may be a relative / neighbour / friend / organization.
6. Only Notarised and duly completed forms attached with all required documents will be accepted.
7. Kindly affix 2 Passport size photographs of the **Applicant** along with this application.

Affix
Photograph

Person requiring Residential care (*Applicant*)

Name :

Date of Birth : Age

Marital Status : Male / Female.....

Name of Spouse :

Father's Name :

Number of children : Boys: Girls:

Religion (*proof of religion*) :

Languages Known :

Address :

Xerox of Ration Card / Passport (*As attached*) % Yes % No

Telephone nos. : c/o

Previous Occupation :

Pension and Benefit Details

Period for which care is needed (*applicable only to applicants whose family offers to take them back after a certain period*) :

:

FAMILY AND OTHER CONTACTS [Whom do you wish to name as contact (s) for you?]

First contact

Name :

Address :

Telephone nos. : Off.....Res.....Mob.....

E-mail address :

Relationship to the *Applicant* :

Second contact

Name :

Address :

Telephone nos. : Off.....Res.....Mob.....

E-mail address :

Relationship to the *Applicant* :

Have you made a will? % Yes % No

Please provide the name and address of the person holding the will

Name :

Address :

Telephone nos. : Off.....Res.....Mob.....

Health Insurance and Medicare Details

Do you have Private Health Insurance? :

Name of Insurance Company :

What is your Medicare number? :

Who is your current General Physician? :

Name :

Address :

Telephone no: Off.....Res.....Mob.....

If undergoing any medical treatment, please give details?

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Is the applicant suffering from any illness? (Details required)

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Before admission a complete medical check-up is necessary. For any mental illness (all documents to be submitted)

(Complete medical details will be required on admission)

Details of the *Introducer*

Name :
Address :
Telephone nos. : Off.....Res.Mob.....
E-mail :
Relationship to the applicant:
Xerox of Ration Card/Passport (*As attached*) %o Yes %o No

Correspondence relating to this application should be sent to:

Name :
Address :
Telephone nos. : Off.....Res.....Mob
E-mail address :

STATUTORY DECLARATION

I, _____ (name) sincerely declare that the answers to all the questions in regard of myself or on behalf of the introducer and other information therein is to the best of my belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive. If required I will provide further information or proof upon request.

I am ready and willing to strictly abide by the rules and regulations of the Rose of Sharon Charitable Trust and the rules and regulations to be framed hereafterwards by the management from time to time.

Signature or thumb impression of the *Applicant* : _____

Signature or thumb impression of the *Introducer* : _____

In the presence of : _____ Declared at : _____
(*Notary Public*)

Date : _____

Facilities

1. The Rose of Sharon management will tend to each resident as it's own family member.
2. Attentive nursing care for all residents will be provided 24 hours of the day.
3. Cooks and house attendants will cater to the housekeeping and meals.
4. Recreation facilities like Television, Music, News Paper etc. will be provided at the Home.
5. Once a month, the residents will be visited by a Doctor who will provide proper medical attention
6. Two nos. double occupancy rooms with attached toilet are available on a monthly rental basis.
7. Donations are exempted from Income tax .

Rules and Regulations

1. The forms should be filled with proper names and addresses and must be complete in every detail.
- 2.. The form details will be verified by the management before admission. Rights of admission are reserved by the management
3. The resident's co-operation is requested so that he / she may be served better.
4. If any resident falls seriously ill, his / her family members will be informed.
5. If any resident is found not co-operating with the other residents of the Rose of Sharon, then a month's notice will be given and the Residence will be sent back. The eviction of the resident will be at the sole discretion of the Managing trustee.
6. Family members / relatives / friends may visit the residents twice a month:
namely the 2nd Sunday and the 4th Sunday of every month between 2:00 pm to 7:00 pm

Pastor Saroja M.

(Managing Trustee)