



THE RICHMOND FELLOWSHIP SOCIETY (INDIA)
BANGALORE BRANCH
Psychiatric Rehabilitation for persons with severe mental illness

ASHA HALFWAY HOME

No. 8 (Old No.501), 47th A Cross, 9th Main, 5th Block Jayanagar, Bangalore-560 041
Tel. No. (080) 26645583 / 22446734; Email: admin@rfsbangalore.ngo / asha@rfsbangalore.ngo

President: Mr. B. Chandrasekhar

Secretary & CEO: Dr. H.S.Aditya

Attach 2 Photographs each (Postcard and Stamp size)

CONFIDENTIAL

APPLICATION FOR ADMISSION

[Form should be complete and preferably written in block letters. Completed forms should be sent directly to the In-Charge, Asha House]

PERSONAL DATA

Name: Sri/Smt.....

Permanent Address:.....

.....

.....Pin Code

Address for correspondence, if different from above:

.....

.....Pin Code

Date of Birth: Age:Years Height: (Cms) Weight: (Kgs)

DD MM YY

Identification Mark:

Marital Status: Single / Married / Widow(er) / divorced / separated

Religion:.....Veg / Non-veg.....

Educational qualification:.....

Languages known:.....

Name and Address of Parent / Guardian / Care giver:

.....

Telephone:.....Fax.....

Mobile.....Email:.....

Name and Address of Local (Bangalore) Guardian and relationship to the Ward:

.....

.....Telephone:.....Fax.....

Mobile.....Email:.....

Name and Address of Social Worker/Psychologist/Psychiatrist who has closest contact:

.....

Telephone:.....Fax.....Mobile.....

Email:.....

In the event of Medical / Psychiatric emergency I would prefer my ward to be admitted and managed in: Private / Govt. Hospital (Please name the place)

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FAMILY DATA

Mother's Name:.....Age:years (if deceased, when).....Occupation.....

Father's Name:.....Age:years (if deceased, when).....Occupation.....

Details of Siblings (ages and any relevant information):

Sibling 1:

Name:..... Age:..... Gender:..... Occupation:.....

Email id:Contact Numbers:.....

Address:.....

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Sibling 2:

Name:..... Age:..... Gender:..... Occupation:.....

Email id:Contact Numbers:.....

Address:.....

.....

Sibling 3:

Name:..... Age:..... Gender:..... Occupation:.....

Email id:Contact Numbers:.....

Address:.....

.....

Any other significant Family member / Relative details:

.....

Spouse's Name:.....Age: years

Occupation:.....

Children (ages, occupation and address).....

.....

Any known history of mental illness in the family.....

If yes, relationship to the patient:

OCCUPATION RECORD

- Categories: 1) Student
- 2) Employed / Not Employed
- 3) Home maker
- 4) Retired / Pensioner

If Student - School / College

If Retired / Pensioner.....

Social and Economic Support system:

.....
.....
.....
.....
.....
.....

Other relevant details:

Areas of therapeutic intervention you consider necessary (please tick)

- | | |
|--------------------------------|--|
| 1. Personal Hygiene | 7. Time Management |
| 2. Interpersonal Relationships | 8. Family Therapy |
| 3. Social Skills | 9. Home Management |
| 4. Money Management | 10. Crisis Management (emergencies, dangers) |
| 5. Work Habits | 11. Medication compliance |
| 6. Leisure Activities | 12. Any other |

Please give social history including family background and relationship within the family, work history, present situation, difficulties and motivation. Also enclose copies (with this application form) of the following, if relevant / available:

1. Psychiatrist's Report
2. Clinical Psychologist's Report
3. Medical Report
4. Legal and / or Social Enquiry Reports This should come last in the order
5. Discharge Summary of Hospital / Rehabilitation Centre (Have added point 5)
6. Any other report

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PSYCHIATRIC DATA

(to be filled in by the treating Psychiatrist; attach copies of discharge summary and prescription)

Total duration of illness:

Brief history of illness, covering current symptoms:

.....
.....
.....
.....
.....

Details of hospitalisation, if any:.....

.....

Diagnosis (According to ICD-10)..... Prognosis

.....

Any history of alcohol and /or drug abuse (name the substance) and if so, is the present psychiatric illness related to the above?

Is the individual still abusing alcohol/drugs? Yes / No

If abstinent, for how long?

- Any history of (a) Mental Retardation
- (b) Epilepsy
- (c) Suicidal attempts – Past
- Present

If yes, when and provide details (in order to assess the seriousness)

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.....
.....

- (d) Anti-social behavior – Past
- Present

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.....

(describe briefly)

Reasons for referral:

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.....
.....

Current treatment including medication:

Precautions and any side effects observed:

Current Psychiatric medication:

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Current General Medication:

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.....

Mr/Ms..... has been under my treatment since.....months/years.

I recommend that this patient may be admitted to The Richmond Fellowship Society (India) – ‘ASHA’- Half way Home, and I am willing to take care of this person should the need arise for admission. He / she will be looked after by Dr..... (local Psychiatrist).

Recommended follow up: Once in weeks / months.

Name (in block letters).....

Address:.....

Telephone:..... Mobile:.....

Fax: Email:

Signature of Psychiatrist

Date:

MEDICAL DATA

(attach copy of significant medical records)

Any significant medical /surgical treatment undergone? If so, give details:

Month and year

Known allergies to any drugs:

Blood Group of the patient:

Does the applicant suffer from Diabetes, Hypertension, Asthma or any other chronic medical/surgical illness, which requires regular medication or follow-up?

Declaration of understanding and acceptance of the following terms and conditions pertaining to the admission for a residential stay at ‘ASHA’ – Halfway Home, Bangalore (to be signed by Parent and Local Guardian, if the former is not from Bangalore).

Terms and Conditions:

1. The fee structure is as follows:

I.	Trial stay Advance	..	₹ 25,000/- (which will be adjusted on admission)
II.	<u>On admission:</u>		
	₹ 50,000/-	..	Refundable Deposit
	₹ 1,000/-	..	Admission Fees
	₹ 40,354/-	..	Monthly charges for food, accommodation and Rehabilitation programme for the resident.

₹ 3,000/-approx.	.. Advance for Medication and personal expenditure (will be charged actuals)
₹ 2,000/-	.. Associate Membership Fee

The fee structure may change from time to time as per the decision of the Governing Council taking into consideration, factors like cost of living, inflation etc.,

The actual expenditure towards Medication & Personal expenditure will have to be reimbursed after the perusal of the accounts every month. Sickness, i.e. physical ailment requiring admission to hospital will become the responsibility of the guardians. Failure to meet the financial obligations will result in the resident being given notice to leave and the guardians will be notified accordingly.

Note: All payments to be made before the **10th of every month.**

- Late payment fee will attract penalty
 - Contact Administrative Officer for Bank transfer details
2. In the event of resident walking out without permission or missing from the ASHA House, the RFS (I) will not be responsible or liable for any criminal or civil liabilities and consequences. The RFS (I) will inform the police in consultation with the family / guardian by the quickest available means.
 3. It is the primary responsibility of the family / Care giver to have a monthly Psychiatric Consultation without fail irrespective of the status of the patient and submit the written report provided by the psychiatrist to RF Asha.
 4. The patient shall be discharged immediately in case of violence to self or others or property, use of illegal drugs, engaging in sexual and other inappropriate activities in the Asha Home premises including attempts at suicidal behavior
 5. The duration of rehabilitation can range from six months to one year or more and it is subject to assessment and recommendation by the referring psychiatrist.
 6. Family members / guardians are requested to restrict their visiting time to the Asha Home between 4.30 p.m. and 6.00 p.m. on working days and between 10.00 a.m. and 7.00 p.m. on Sundays. This will facilitate the smooth running of the home. Family members / guardians should first contact the duty staff, before meeting their wards. Families will meet with their wards only in the areas allotted in the House and shall on no account enter their rooms without prior permission from duty staff.
 7. Telephone calls by family members / guardians should be made between 5.30 p.m. & 7.00 p.m. and between 7.30 p.m. & 8.30 p.m. only, except on occasions of emergency.
 8. If the client behaves violently and damages property / items belonging either to the ASHA half way home or to other residents, the family will have to take responsibility and replace the items or pay compensation for the same.
 9. Residents are not allowed to keep valuable items such as money, jewellery, cell phones and audiovisual equipments. If brought with them at the time of admission, such items should be deposited in the office and a receipt to be obtained.

We have read and understood the above terms and hereby confirm that we will abide and comply with all the above-mentioned rules.

Signature of Applicant	Signature of Parent/Guardian/ Care giver	Signature of Local Guardian / Care giver
Date :	Date:	Date:

Remarks of Admission Committee

Date:

Signature of Chairperson /Members

Check list of the documents submitted by the families to RFS (I) – Asha Half Home, Bangalore Branch at the time of Admission.

1. Electors Photo Identity Card (EPIC)
2. Service Identity Card issued by State / Central Government, Public Sector Undertakings, local bodies or Public Limited Companies
3. Ration Cards
4. Railway Identity Cards
5. Income Tax Identity (PAN) cards
6. Bank / Kisan / Post Office Passbooks
7. Student Identity Cards issues by Recognized Educational Institutions
8. Driving licenses
9. Birth Certificates
10. CGHS Card
11. Aadhar Card
12. Passport
13. Bank Cheque and Pass books
14. Debit and Credit Cards

List of valuables:

- Gold and Valuable ornaments
- Electronic gadgets (Laptop, Mobile phones, charger etc)
- Any other

(to be executed on non-judicial stamp-paper of requisite value and attested by a Notary Public)

D E C L A R A T I O N

I,....., aged.....years,
son/daughter/wife of....., residing
at.....

....., do hereby declare
that :

1. I have admitted my(mention the relationship) in the care of Asha Halfway Home of **THE RICHMOND FELLOWSHIP SOCIETY (INDIA)**, ‘Asha’, 501, 47th Cross, 9th Main, V Block, Jayanagar, Bangalore 560 041, hereinafter referred to as the “Society” and/or at such other facility as the Society may at its sole and absolute discretion determine, in accordance with the rules, regulations and therapeutic methods thereof.

2. My son/daughter/brother/sister, the said.....being mentally ill and undergoing treatment. Therefore, I agree to bind myself to any therapeutic mode that the Society may follow in the light of any specialised or modified method that may be warranted, and shall not question the same in any manner.

3. My son/daughter/brother/sister, the said.....and I shall abide and be governed by all rules, regulations and stipulations that may be laid down by the Society from time to time, both generally and with specific reference to my son/daughter/brother/sister. I understand that these rules and regulations are formulated and implemented with the sole objective of enabling my son/daughter/brother/sister to recover from his/her illness in a group atmosphere and that, being based on professional assessments, are not questionable.

4. I agree and understand that the law of the land shall prevail and be applicable in the event of any act of omission or commission committed by my son/daughter/brother/sister, including but not restricted to acts aimed at or resulting in accident, injury, death, theft and sexual crimes, either to himself/herself or to any other resident in the facility either inside or outside the premises of The Richmond Fellowship Society (India) – Asha Home..

5. I agree to indemnify and keep The Richmond Fellowship Society (India) and its Members, National Board, Governing Council, Officers, Staff and Counsellors indemnified and harmless against all actions, claims, costs, damages and expenses created and/or occasioned by any act of omission or commission attributable to my son/daughter/brother/sister, the said....., and further agree forthwith to reimburse to the Society all expenses incurred in connection therewith.

6. I hereby agree and undertake, forthwith and without demur upon a request made in that behalf, to sign all statements, returns, applications, affidavits, declarations, documents, deeds and papers necessary or requisite to comply with all statutory and/or other requirements in connection with the therapy of son/daughter/brother/sister, whether arising under The Mental Health Act, 1987 or otherwise howsoever, and further indemnify The Richmond Fellowship Society (India) against all actions, proceedings, costs, charges and/or expenses incurred in connection therewith.

7. I hereby nominate..... to receive from The Richmond Fellowship Society (India) all amounts payable to me, either towards return of deposits or otherwise, in the event of my demise, and further irrevocably and unequivocally state that any payments made to such nominee/s or any of them shall not be called into question by any of my heirs and/or legal representatives.

8. I further nominate.....above named, in the event of my incapacity owing to death or otherwise, to act as guardians of my son/daughter/brother/sister, the said, and co-ordinate with The Richmond Fellowship Society (India)- Asha in all or any matters pertaining or relating howsoever to his/her therapy.

9. I hereby appoint....., son/daughter/wife of residing at..... to be and act as the local guardian of my son/daughter/brother/sister the said..... and to act in conjunction with The Richmond Fellowship Society (India) in all matters pertaining to his/her treatment, and agree and undertake to abide and be bound by all decisions taken in that behalf.

10. I hereby authorize The Richmond Fellowship Society (India), to consent for emergency medical procedures on behalf of the family, in the event of either me or the local guardian, not being immediately available to give the required consent.

11. I hereby undertake to pay up all financial dues on time, and in case of any delay, pay the dues along with any fine applicable.

12. I hereby undertake to get my son/daughter/brother/sister, the said....., discharged within 10 days of being intimated by the Society, to get him/her discharged.

13. I hereby expressly and distinctly agree and undertake to abide and be governed by all acts, deeds and things done or performed by The Richmond Fellowship Society (India), and all decisions taken by the said Society and/or the aforesaid local guardian in all issues of an emergency nature arising in the treatment of my son/daughter/brother/sister the said....., and shall not question or challenge the same in any manner whatsoever.

14. I further hereby unequivocally and unconditionally agree, affirm and accept that I have admitted my son/daughter/brother/sister the said.....in the therapeutic care of The Richmond Fellowship Society (India) of my own free will and volition and under medical

and psychiatric advise, and that having participated in his/her therapy and treatment physically, financially and emotionally in a spirit of partnership with the said Society, I shall make or claim no special relationship with The Richmond Fellowship Society (India) otherwise than as a co-participant in the treatment, therapy and care of son/daughter/ brother/sister.

SWORN TO by me this the day of20...

DEPONENT