

CORNFORD HOUSE NURSING HOME ADMISSION AGREEMENT

This Agreement sets out the terms and conditions that apply to the admission of the Resident named below as a Resident of Cornford House Nursing Home. The terms and conditions set out in the attached "Residents' Handbook", dated 16th November 2013, form part of this Agreement.

RESIDENT'S DETAILS			
NAME	(Mr/Mrs/Miss)		
DATE OF BIRTH		NATIONAL INSURANCE NO:	
DATE OF ADMISSION		ROOM NUMBER	
ADMITTED FROM:			

RESIDENT'S NEXT OF KIN DETAILS			
NAME	(Mr/Mrs/Miss)	RELATIONSHIP TO RESIDENT	
ADDRESS			
		POST CODE	
TELEPHONE NO			
E-MAIL ADDRESS			
RESIDENT'S REPRESENTATIVE (I.E. SIGNATORY OF THIS AGREEMENT ON RESIDENT'S BEHALF)		Yes ✓	No
UNREGISTERED ENDURING POWER OF ATTORNEY		Yes	No ✓
REGISTERED ENDURING POWER OF ATTORNEY		Yes	No ✓
LASTING POWER OF ATTORNEY		Yes	No ✓
COURT APPOINTED RECEIVER		Yes	No ✓
APPLICANT TO COURT OF PROTECTION FOR APPOINTMENT AS RECEIVER		Yes	No ✓

THIRD PARTY'S DETAILS (IF APPLICABLE)			
NAME	(Mr/Mrs/Miss)		
ADDRESS			
		POST CODE	
TELEPHONE NO			
E-MAIL ADDRESS			

DETAILS OF PLACING LOCAL AUTHORITY / NHS PCT (IF APPLICABLE)	
CONTACT NAME / ADDRESS	

FEES					
ARRANGEMENT FEE:	£2,000.00	TOTAL WEEKLY FEE	£995.00 + NHS RNCC	NORMAL ANNUAL REVIEW DATE	1 st April
WEEKLY AMOUNTS PAYABLE BY					
RESIDENT/SERVICE USER	£ _____	THIRD PARTY	£ _____		
PARTLY OR FULLY FUNDED BY LOCAL AUTHORITY?	YES / NO	FUNDED BY NHS CONTINUING HEALTHCARE?	YES / NO		

DECLARATION BY SELF FUNDED RESIDENT (OR BY RESIDENT'S REPRESENTATIVE ON THE RESIDENT'S BEHALF):	
<p>I confirm that I have read and understand the Residents' Handbook and will observe and comply (or will procure that the Resident observes and complies) with the terms and conditions in the Residents' Handbook that apply to me/the Resident.</p> <p>I have read paragraph 1.4 of Part B of the Residents' Handbook and I understand that if I/the Resident:</p> <ul style="list-style-type: none"> • become(s) eligible and apply for local authority funding due to my/the Resident's capital becoming depleted; and • the amount that the local authority will pay the Home is less than the Total Weekly Fee shown above; and • I have/the Resident has given the Home at least two years' written notice of me/the Resident becoming eligible for local authority funding together with a detailed statement of my/the Resident's financial position at the time of giving notice which demonstrates to the Home's satisfaction that I/the Resident will become eligible for local authority funding at the end of the two years, <p>then the Home will accept the local authority funding level after the end of the two year notice period and, from then onwards, it will not seek to recover the shortfall in fees from me/the Resident or from anyone else.</p> <p>However, the Home reserves the right not to accept me/the Resident as a local authority funded resident, and I/the Resident would have to leave the Home if:</p> <ul style="list-style-type: none"> • I have/the Resident has given less than two years' written notice, and the amount of the shortfall is not paid to the Home either by me/the Resident (if lawful) or by someone else on my/the Resident's behalf until the second anniversary of the date the notice was given; or • I have/the Resident has not given any notice of my/the Resident becoming eligible for local authority funding and the amount of the shortfall is not paid to the Home either by me/the Resident (if lawful) or by someone else on my/the Resident's behalf for two years from the date that the local authority starts to fund all or part of the Home's charges. 	
SIGNATURE	<p>_____</p> <p>(Resident/Resident's Representative)</p>
WITNESS	<p>Signature: _____</p> <p>Name (Print): _____</p> <p>Address: _____</p> <p>_____</p>

DECLARATION BY LOCAL AUTHORITY FUNDED RESIDENT (OR BY RESIDENT'S REPRESENTATIVE ON THE RESIDENT'S BEHALF):	
I confirm that I have read and understand the Residents' Handbook and will observe and comply (or will procure that the Resident observes and complies) with the terms and conditions in the Residents' Handbook that apply to me/the Resident.	
SIGNATURE	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> (Resident/Resident's Representative)
WITNESS	Signature: <div style="border-bottom: 1px solid black; width: 100%;"></div> Name (Print): <div style="border-bottom: 1px solid black; width: 100%;"></div> Address: <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>

DECLARATION BY NHS CONTINUING HEALTHCARE FUNDED RESIDENT (OR BY RESIDENT'S REPRESENTATIVE ON THE RESIDENT'S BEHALF):	
<p>I confirm that I have read and understand the Residents' Handbook and will observe and comply (or will procure that the Resident observes and complies) with the terms and conditions in the Residents' Handbook that apply to me/the Resident.</p> <p>I have read paragraph 1.6 of Part B of the Residents' Handbook and I understand that if I/the Resident cease(s) to be eligible for NHS Continuing Healthcare Funding, I/the Resident will be responsible for paying the Home's Total Weekly Fee shown above. This means that:</p> <ul style="list-style-type: none"> • If I/the Resident am not eligible for all or part of the Home's charges to be paid by a local authority and I/the Resident am unwilling or unable to pay the Home's Total Weekly Fee shown above then I/the Resident may be required to leave the Home. I/the Resident will be given not less than one month's notice and I/the Resident will have to leave the Home at the end of the notice period; • If I/the Resident am eligible for all or part of the Home's charges to be paid by a local authority and there is a shortfall between the Home's Total Weekly Fee shown above and the amount that the local authority will pay (together with the amount of my/the Resident's assessed contribution) any shortfall in fees must be paid by a third party on my/the Resident's behalf from the date that the local authority starts paying for me/the Resident, up to the second anniversary of that date. After that period I/the Resident will be able to stay in the Home and the Home will not seek to recover the shortfall from me/the Resident or from anyone else. If the shortfall cannot be paid by a third party for the two year period then the Home reserves the right not to accept me/the Resident as a local authority funded resident, in which case I/the Resident will either have to leave the Home or I/the Resident will have to pay the Home's Total Weekly Fee shown above from my/the Resident's own funds without any contribution from the local authority. 	
SIGNATURE	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> (Resident/Resident's Representative)
WITNESS	Signature: <div style="border-bottom: 1px solid black; width: 100%;"></div> Name (Print): <div style="border-bottom: 1px solid black; width: 100%;"></div> Address: <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>

DECLARATION BY RESIDENT'S REPRESENTATIVE (IF APPLICABLE)

I confirm that I have read and understand the section in Part A of the Residents' Handbook headed "Important Information For Representatives of Residents".

SIGNATURE

(Resident/Resident's Representative)

WITNESS

Signature: _____

Name (Print): _____

Address: _____

DECLARATION BY THIRD PARTY (IF APPLICABLE)

I/we confirm that I/we have read and understand the Residents' Handbook. I/we undertake to contribute towards the fees payable in respect of the Resident's residence in the Home. I/we understand that at the date of this Agreement the amount of my/our contribution is £_____ per week and is payable monthly in advance by direct debit. I/we understand that the amount of my/our contribution may change and that I/we will be given not less than one month's notice of any change in amount.

SIGNATURE

Third Party

Third Party

WITNESS

Signature: _____

Name (Print): _____

Address: _____

Signature: _____
Name (Print): _____
Address: _____

CORNFORD HOUSE LIMITED SIGNATURE

SIGNED ON BEHALF OF CORNFORD HOUSE LIMITED:

SIGNATURE

(Cornford House Limited, authorised signatory)

Full name: Ann Howe

Position: General Manager

DATE OF AGREEMENT