



Unit 4, Surrey Square Office Park
330 Surrey Avenue
Ferndale, 2194
P O Box 3442, Randburg, 2125
Tel: +27(0)11 781 4920
applications@flower.org.za
www.flower.org.za

Thank you for your interest in Flower Foundation.

Flower Foundation is a non-profit organisation founded in 1963. Our aim is to provide suitable accommodation and care for people over 55. Flower Foundation appreciates any donations or bequests, please contact head office on **011 781 4920** for further information.

We offer 2 types of care.

- **Assisted Living:** Residents are provided with meals, laundry and assistance with activities of daily living.
- **Full Care:** Residents are provided with meals, laundry and 24-hour nursing assistance.

Areas:

- Elm Park, Rose Lodge, Primrose Place, Northcliff, Randburg
- Pioneer House, Oaklands
- Silver Stream, Willow Lodge, Malanshof, Randburg
- Waverley Gardens Memory Care, Waverley
- Witpoortjie Senior Park, Clivia, Witpoortjie

Upon acceptance the following conditions apply:

- Updated finances and medicals will be requested.
- Finances are to be approved by the CEO, surety from family members is usually a pre-requisite and will be discussed with you.
- Our three-page Medical Report Form must be completed by your doctor. The medicals are submitted to the Nursing Services Manager of the village who will contact you to arrange a convenient time to do the nursing and mini mental assessment.
- Upon successful approval of both medicals and finances, an agreement will be signed.
- For care agreements, a non-refundable entrance/admin fee is due as per contract.

If you have any queries, please contact Sanet Bigalke or our Head Office on 011 781 4920

All prices are reviewed annually in April.

T's and C's apply

Sanet Bigalke
083 567 0116
sanet@flower.org.za

APPLICATION FOR ACCOMMODATION

011 781 4920 | applications@flower.org.za | PO Box 3442 Randburg 2125

Date of Application:	Membership Nr's:
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How did you hear about Flower Foundation?	
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APPLICANT INFORMATION

Surname:	Mr. Mrs. Ms. Dr. Prof.	Birth Date:
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Names:	ID:
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Address:

Postal Code:

Cell:	Tel.(h/w):
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Email:

Marital Status: AN <input type="checkbox"/> CO <input type="checkbox"/> Widow/er <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>	Occupation (pre-retirement):
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Hobbies/Interests:

SPOUSE INFORMATION

Surname:	Mr. Mrs. Ms. Dr. Prof.	Birth Date:
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Names:	ID:
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Address:

Postal Code:

Cell:	Tel.(h/w):
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Email:

Marital Status: AN <input type="checkbox"/> CO <input type="checkbox"/> Widow/er <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>	Occupation (pre-retirement):
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Hobbies/Interests:

ACCOMMODATION INFORMATION

Option	Village Required	Assisted Care/ Frail Care	Estimated Date of Occupation
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1			
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2			
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GENERAL MEDICAL INFORMATION - APPLICANT		
State of Health:		
Allergies, Medication, Special Diets:		
Doctor:	Doctor Tel. Nr.:	
Doctor Address:		
Medical Aid Fund:	Membership Number:	
GENERAL MEDICAL INFORMATION - SPOUSE		
State of Health:		
Allergies, Medication, Special Diets:		
Doctor:	Doctor Tel. Nr.:	
Doctor Address:		
Medical Aid Fund:	Membership Number:	
GENERAL INFORMATION		
Religious Affiliation:	Name of Leader:	
Address:	Tel:	
Do you have a LIVING will? Y / N (a copy is required when you become a resident)		
SPECIAL DETAILS		
Person holding Power of Attorney:		Relationship:
Email:	Cell:	Tel:
Name of Curator Bonis:		Institute:
Email:	Cell:	Tel:
Name of Curator Ad Personam:		Institute:
Email:	Cell:	Tel:
Name of Executor:		Tel:
Address:		
Name of Burial Society /Undertaker:		
Tel:	Address:	
Funeral Preference: Burial / Cremation	Special Requests:	

NEXT OF KIN DETAILS

1.	Name:	Relationship:
Cell:		Tel (h/w):
Email:		
Address:		
2.	Name:	Relationship:
Cell:		Tel (h/w):
Email:		
Address:		
3.	Name:	Relationship:
Cell:		Tel (h/w):
Email:		
Address:		
Comments		

DETAILS OF ASSETS AND INCOME FOR APPLICANT(S)			
Note: Proof of assets and income will be required.			
Full Name(s):			
INCOME SOURCE		MONTHLY AMOUNT	
		Applicant	Spouse
Do you Receive a Salary: Y / N	Indicate Gross Income	R	R
Employer:	Position held:		
Employer:	Position held:		
Do you Receive a Pension: Y / N Escalation Index:	Type:	R	R
	Type:	R	R
Do you receive an Annuity: Y / N	Source:	R	R
	Source:	R	R
Other Income: Y / N	Source:	R	R
	Source:	R	R
Capital Invested: Y / N			
Type:	Capital R	R	R
Type:	Capital R	R	R
Type:	Capital R	R	R
Type:	Capital R	R	R
Total Monthly Income:		R	R
Do you have any Life Assurance Policies/Retirement Annuities still to mature: Y / N		R	
Do you own Fixed Property: Y / N	Bond Owing R		Value R
Address:			
Fixed Property:	Bond Owing R		Value R
Address:			
Fixed Property:	Bond Owing R		Value R
Address:			
Will the sale of a Fixed Property be funding the purchase of assisted care apartment (where applicable) or levy: Y / N			
I hereby certify that the information provided in this document is, to the best of my knowledge and belief, correct.			
Signature of Applicant:		Date	
Signature of Spouse:		Date	
Notes:			