

KETTLEWELL HOUSE NURSING HOME RESIDENT AGREEMENT (FOR SELF FUNDING)

This Agreement sets out the terms and conditions that apply to the admission of the Resident named below as a Resident of Kettlewell House Nursing Home. The terms and conditions set out in the "Resident's Handbook", dated 21st July 2015, form part of this Agreement.

RESIDENT'S DETAILS			
NAME	(Mr/Mrs/Miss)	DATE OF BIRTH	
DATE OF ADMISSION		ROOM NUMBER	
ADMITTED FROM:			

RESIDENT'S REPRESENTATIVE'S DETAILS (IF APPLICABLE)			
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
UNREGISTERED ENDURING POWER OF ATTORNEY		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
REGISTERED ENDURING POWER OF ATTORNEY		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
LASTING POWER OF ATTORNEY		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
COURT APPOINTED RECEIVER		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
APPLICANT TO COURT OF PROTECTION FOR APPOINTMENT AS RECEIVER		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

FEES					
ARRANGEMENT FEE:	£2,000.00	TOTAL WEEKLY FEE	£1,095.00 + NHS RNCC	NORMAL ANNUAL REVIEW DATE	1 st April
WEEKLY AMOUNTS PAYABLE BY					
RESIDENT/SERVICE USER	£1,095.00	THIRD PARTY		Nil	
PARTLY OR FULLY FUNDED BY LOCAL AUTHORITY	No	PARTLY OR FULLY FUNDED BY NHS CONTINUING HEALTHCARE		No	

DECLARATION BY SELF 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.

I have read paragraph 1.4 of Part B of the Residents' Handbook and I understand that if I/the Resident:

- 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,

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.

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:

- 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	_____ (Resident/Resident's Representative)
WITNESS	Signature: _____ Name (Print): _____ Address: _____ _____

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: _____ _____

KETTLEWELL HOUSE LIMITED SIGNATURE

SIGNED ON BEHALF OF KETTLEWELL HOUSE LIMITED:

SIGNATURE

(Kettlewell House Limited, authorised signatory)

Full name: Kate Patterson

Position: Manager

DATE OF AGREEMENT