**ANNEXTURE 3: HUILOP APPLICATION FORM**

**REPUBLIC OF NAMIBIA**

**MINISTRY OF HEALTH AND SOCIAL SERVICES**

The Regional Director

Private Bag 13198

**WINDHOEK**

**APPLICATION FOR ACCOMMODATION: LIVING UNITS FOR INDEPENDENT OLDER PEOPLE**

1. (Please indicate the preferred institution with an X).

|  |  |  |
| --- | --- | --- |
| **INSTITUTION** | **PLACE** | **PREFERENCE** |
| Senior Park | Windhoek |  |
| Eastern Court | Windhoek |  |
| Welwitchia Park Phase 1 | Swakopmund |  |
| Welwitchia Park Phase 2 | Swakopmund |  |
| Home Matthys Greeff | Outjo |  |
| Elim Flats | Gobabis |  |
| Home DaanViljoen | Keetmanshoop |  |

***PART A***

**FOR COMPLETION BY APPLICANT:**

1. **SURNAME OF APPLICANT:** ....................................................................................
2. **FIRST NAMES:**
3. APPLICANT**:** ..........................................................................................................
4. NAMIBIAN ID NO.: ...................................................................................
5. PERMANENT RESIDENT ID NO: ……………………………………...
6. SPOUSE: ..................................................................................................................
7. NAMIBIAN ID NO.: ...................................................................................
8. PERMANENT RESIDENT ID NO: ……………………………………...
9. **DATE OF BIRTH:**
10. APPLICANT: ............................................................................................................
11. SPOUSE: ....................................................................................................................
12. **MARITAL STATUS (indicate with an X):**
13. MARRIED
14. WIDOW OR WIDOWER
15. NEVER MARRIED
16. DIVORCED
17. **ADDRESS:**
18. POSTAL: ..................................................................................................................

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1. RESIDENTIAL: ......................................................................................................

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1. TELEPHONE NUMBER:
2. HOME: ......................................................................................................
3. MOBILE: ......................................................................................................
4. WORK (if applicable): ..............................................................................
5. **NAMES AND AGE OF DEPENDANTS STAYING WITH APPLICANT:**
6. .................................................................. RELATION: .............................................
7. ................................................................... RELATION: .............................................
8. ....................................................................RELATION: .............................................

1. **NAMES AND ADDRESS AND CONTACT DETAILS OF INDEPENDENT CHILDREN:**

(1)............................................................... (2) .....................................................................

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(3) ............................................................... (4) .....................................................................

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(5) ............................................................... (6) ......................................................................

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1. **CURRENT ACCOMMODATION** (indicate with an X):
2. With one of children on continuous basis.
3. With children in turn.
4. With other family members.
5. Lodging/boarding with someone not related to you.
6. In hotel, guest house or other private accommodation.
7. In own housing.
8. Residential care facility for older people (home for the aged).
9. Retirement village.
10. Accommodation provided by employer.
11. Squatting on someone else’s premises.
12. I live on the farm
13. Any other: …………………….
14. **MONTHLY TARIFF FOR LODGING:**

N$.............................................................

1. **REASONS FOR APPLICATION FOR ACCOMMODATION:**

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1. **DECLARATION:**
2. I hereby declare that the information furnished is true and correct to the best of my knowledge.
3. I undertake to adhere to the rules and any other official directives pertaining to the living units for independent older people, if I am taken up as tenant.
4. I further undertake to inform the Regional Director: Ministry of Health and Social Services of any physical and/or mental debilitation which may arise and cause me to be unfit to properly take care of myself.
5. I also declare myself willing to:
6. Be transferred *inter alia* to a residential care facility for older people; and
7. Vacate the living unit voluntarily should I become incapable (physically and mentally) to manage my own household.

**..................................................... ..........................................**

**SIGNATURE OF APPLICANT DATE**

**..................................................... ..........................................**

**SIGNATURE OF SPOUSE DATE**

**(IF APPLICABLE)**

***PART B***

**DECLARATION OF GROSS INCOME**

My/Our gross monthly income is as follows:

|  |  |  |
| --- | --- | --- |
| **SOURCE** | **MONTHLY INCOME** | |
| **APPLICANT** | **SPOUSE** |
| 1. State pension | N$ .................................... | N$ .................................. |
| 2. Pension from previous employer | N$ .................................... | N$ .................................. |
| 3. Salary (if still employed) | N$ .................................... | N$ .................................. |
| 4. Letting of property | N$ .................................... | N$ .................................. |
| 5. Annuity policy | N$ .................................... | N$ .................................. |
| **Total amount of pensions/earnings** | **N$ ....................................** | **N$ ...................................** |
| 6. Investments:  6.1 Investing institution  (i) Amount  (ii) Current interest rate (% p.a.)  (iii) Amount of interest generated p.m.  6.2 Investing institution  (i) Amount  (ii) Current interest rate (% p.a.)  (iii) Amount of interest generated p.m.  6.3 Investing institution  (i) Amount  (ii) Current interest rate (% p.a.)  (iii) Amount of interest generated p.m. | ..........................................  N$ ....................................  ..................................... %  N$ ....................................  ..........................................  N$ ....................................  ..................................... %  N$ ....................................  ..........................................  N$ ....................................  ..................................... %  N$ .................................... | .......................................  N$ ..................................  ................................... %  N$ .................................  .......................................  N$ ..................................  ................................... %  N$ .................................  .......................................  N$ ..................................  ................................... %  N$ ................................. |
| **Total amount of interest p.m.** | **N$ ....................................** | **N$ ...................................** |

|  |  |  |
| --- | --- | --- |
| 7. Dividends derived from capital  invested in shares of any nature:  (i) Institution/company  (ii) Amount invested  (iii) Type of shares  (iv) Declared dividends | ..........................................  N$ ....................................  ..........................................  N$ .................................... | ........................................  N$ ..................................  ........................................  N$ ................................... |
| **Total amount of dividends p.m.** | **N$ ....................................** | **N$ ...................................** |
| 8. Income from any other source:  8.1 .........................................................  8.2 .........................................................  8.3 ......................................................... | N$ ....................................  N$ ....................................  N$ .................................... | N$ ...................................  N$ ...................................  N$ ................................... |
| **Total monthly income from other sources** | **N$ ....................................** | **N$ ...................................** |
| 9. Did you ever own property? If so, what happened to it? *(Please indicate with an* X*)*:  9.1 House/Farm/Business/Other  a) Sold  b) Transferred to children/relatives  c) Alienated through legal procedure e.g. bankruptcy, divorce, repossession  9.2 Income derived from selling/transfer/alienation of property  **(Please attach copies of substantiating documents i.e. deeds, with clearly reflected dates of the transactions)** | NS ...................................  N$ .................................... | N$ ..................................  N$ .................................. |
| **Total income derived as in 9.2** | **N$ ....................................** | **N$ ..................................** |
| **Monthly income derived from transactions mentioned in 9.2 (if any)** | **N$ ....................................** | **N$ ..................................** |
| **Total monthly income** | **N$ ....................................** | **N$...................................** |
|  |  |  |

**Gross monthly income of applicant (and spouse, if applicable): N$ ...............................................**

***PART C***

**AFFIDAVIT**

1. I, the undersigned (full name) ,..............................................................................................

in my capacity as denoted below, certify that before having administered the oath to the deponent, I put the following questions to him/her after which I wrote down his/her answers in his/her presence:

1. Are you conversant with the content of the preceding declaration and do you understand it?

Answer: ................................................................................................................................

1. Do you have any objection against taking the prescribed oath?

Answer: ................................................................................................................................

1. Do you consider the said oath as binding on your conscience?

Answer: ................................................................................................................................

1. I certify that the deponent has acknowledged that he/she is conversant with and understands the content of the declaration which was affirmed before me. His/her signature/thumb print/mark below was affixed in my presence.

**...................................................... ....................................................**

**JUSTICE OF THE PEACE/ OR RANK (*EX OFFICIO:***

**COMMISSIONER OF OATHS REPUBLIC OF NAMIBIA)**

**PLACE: ......................................... DATE: ......................................**

**............................................... ......................................... ............................................. DEPONENT PLACE DATE**

***PART D***

**MEDICAL REPORT REGARDING THE HEALTH CONDITION OF THE APPLICANT (AND SPOUSE IF APPLICABLE)**

***NB: To be completed by a registered medical practitioner.***

**APPLICANT SPOUSE**

|  |  |
| --- | --- |
| Yes | No |

|  |  |
| --- | --- |
| Yes | No |

1. **Can the applicant (and spouse) move**

**around without any assistance?**

1. **Describe the vision of the applicant and spouse.**

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1. **Describe the hearing of the applicant and spouse**

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1. **Would you consider the mental health of the applicant and spouse as commensurate with their respective ages?**

|  |  |
| --- | --- |
| Yes | No |

|  |  |
| --- | --- |
| Yes | No |

**If No Elaborate: …………………………………………………………………………………….**

**……………………………………………………………………………………….**

1. **Are there any signs of dementia, Alzheimer ’s disease or other mental disorder?**

|  |  |
| --- | --- |
| Yes | No |

|  |  |
| --- | --- |
| Yes | No |

**If yes Elaborate:**

**…………………………………………………………………………………….**

**…………………………………………………………………………………….**

1. **Would you consider the applicant’s and spouse’s ability to comprehend as normal**

|  |  |
| --- | --- |
| Yes | No |

|  |  |
| --- | --- |
| Yes | No |

**for their respective ages?**

**If “No”, elaborate**

**……………………………………………………………………………………………………**

**Please report on the applicant’s and spouse’s ability to comprehend.**

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1. **How would you regard the general health condition of the applicant and spouse?** ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................
2. **Does the applicant and/or spouse receive medication for any chronic illness?**

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**I, the undersigned, hereby declare that I have properly examined the applicant and spouse and find their state of health as indicated above.**

............................................................................... ................................................... **SIGNATURE OF MEDICAL PRACTITIONER DATE AND STAMP**

**PRACTICE NO.: .................................................**

**TEL. NO.: .............................................................**

***PART E***

**SOCIAL WORK REPORT WITH REGARD TO THE SOCIO-ECONOMIC CIRCUMSTANCES OF THE APPLICANT/COUPLE**

***NB! To be completed by a registered social worker.***

**SOCIAL WORKER (FULL NAME): ...............................................................................................**

**RANK: ..................................................................**

**REGION: .............................................................. PLACE: ......................................................**

**CASE REF. NO.: ................................................. DATE: ........................................................**

**APPLICATION FOR ADMISSION TO: .........................................................................................**

1. **IDENTIFYING PARTICULARS:**

a) Surname: ............................................................................................................................................

b) Full names: ........................................................................................................................................

c) Maiden name (if applicable): .............................................................................................................

d) Previous surname (if applicable): ......................................................................................................

e) Namibian ID No.: .............................................................. f) Pension No.: .....................................

g) Birth date: .......................................................................... h) Sex: .................................................

i) Marital status: ..................................................................... j) Citizenship: ......................................

k): ............................................................................. l) Home language: ............................................

m) Postal address: ..................................................................................................................................

n) Residential address: ...........................................................................................................................

o) Tel. No.: (h) ....................................................................... (mobile) ...............................................

p) Contact number and relation of next of kin: .....................................................................................

q): ......................................................................................................

r) Current profession (if applicable): .....................................................................................................

s) Employer’s name and tel. no.: ...........................................................................................................

1. **BACKGROUND:**
   1. **Where was the applicant born and where did he/she grow up?**

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* 1. **How was/is the marriage relationship and how many children were born from the marriage?***(Mention previous marriage(s) as well, if applicable).*

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* 1. **What kind of relationship does the applicant have with children and other family members at present?**

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1. **PRESENT CIRCUMSTANCES:**
   1. **Where does the applicant stay at present? Describe living arrangements e.g. does he/she have to share a room with someone else?**

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* 1. **If the applicant stays alone, is he/she still able to take care of the household**

**him-/herself? (household chores)**

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* 1. **Does the applicant have any dependant(s) staying with him/her, or for whom he/she is responsible?**

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* 1. **Does the applicant own any property or did he/she own any property? If so, when and what happened to the said property? Deeds of sale, funds generated from the sale (in case of bankruptcy documents to be provided) if sold to children provide details**

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1. **FINANCIAL CIRCUMSTANCES:**
   1. **Employment History**

**Does the applicant receive a monthly pension and if so, how much is the amount? Does he/she have any other income such as savings, interest on investments, etc.?** *(Specify the amounts).*

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* 1. **What are the applicant’s regular monthly expenses?** *(Specify).*

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* 1. **Does the applicant’s children contribute to his/her support and if so, how?**

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1. **HEALTH CONDITION:**
   1. **State the applicant’s medical history in short. Mention current health problems (if any) and if he/she receives medication for any chronic disease(s).**

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* 1. **Does the applicant make use of any assistive aids such as crutches, wheel chair, etc. to enhance his/her mobility?** ....................................................................................................................................................................................................................................................................................................................................................................................................................................................................
  2. **Is the applicant still mentally healthy and in contact with reality?**

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* 1. **Was the applicant ever admitted to an institution for mentally-related/(substance abuse treatment? )**

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* 1. **Is he/she still able to communicate normally and are there any signs of absent-mindedness?**

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1. **SOCIO-CULTURAL ASPECTS:**
   1. **Which role does religion plays in the applicant’s life? Is the applicant still able to attend religious activities?**

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* 1. **Does the applicant make use of any intoxicating substances? extent?**

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* 1. **How does the applicant spend his/her day? Does he/she have any hobbies to keep him-/herself busy with during the day?**

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1. **APPLICANT’S MOTIVATION FOR ADMISSION:**
   1. **Why does the applicant apply for admission? Are there any domestic circumstances that contribute to the application for admission?**

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1. **ANY ADDISIONAL INFORMATION THAT YOU WOULD LIKE TO BRING UNDER THE ATTENTION OF THE SCREENING COMMITTEE:**

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1. **EVALUATION:**

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1. **RECOMMENDATION:**

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**SIGNATURE: ................................................................... DATE STAMP**

**INFORMATION IN THE REPORT WAS OBTAINED FROM THE FOLLOWING**

**SOURCES:**

1. ....................................................................................................................................................
2. ....................................................................................................................................................
3. ....................................................................................................................................................
4. ....................................................................................................................................................
5. ....................................................................................................................................................
6. ....................................................................................................................................................

**THE FOLLOWING DOCUMENTS SHOULD ACCOMPANY THE APPLICATION TO ENSURE THAT APPLICATIONS ARE COMPLETE WHEN THEY ARE SUBMITTED:**

1. Proof of Namibian citizenship by means of certified copies of the following documents:
2. birth certificates of both the applicant and spouse; or
3. identity document(s); or
4. passport; and/or
5. Certificate issued by Ministry of Home Affairs and Immigration confirming their Namibian citizenship.
6. Proof of Namibian Permanent Resident Certificate
7. Death certificate of spouse (if applicable);
8. Marital certificate (if applicable);
9. Divorce order (if applicable);
10. Deed of sale (if applicable);
11. Bank statement; and
12. Letters from all independent children in which they submit acceptable reasons why they are unable to accommodate his/her/their parent(s).