Admissions Agreement

CROWN CARE

This Agreement sets out the terms and conditions that apply to the admission of the Resident named below as a Resident of the Crown Care Home named below and to us Crown Care **("Crown Care")**. The terms and conditions set out in the attached "Terms and conditions for residence in a Crown Care home" **(the "Terms and Conditions")** form part of this Agreement.

HOME DETAILS	
Home Name	

RESIDENT'S DETAILS			
Name	(Mr/Mrs/Miss)		
Date of Birth	/ /	National Insurance No.	
Address			
		Post Code	
Date of Admission		Room No.	
Reason of Amendment			
Date of Amendment	/ /		
Room Type	Single ☐ Double ☐ Room ☐ Suite ☐		
Care Type	Nursing ☐ Dementia Nursing ☐ Dementia Residential ☐		
	Respite ☐ Intermediate ☐ Other ☐ please specify:		
DURATION OF STAY			
Long Term ☐	Short Term ☐ *Please state expected departure*		/ /
Local authority funded under 12 weeks disregard rules pending sale of property?			YES ☐
			NO ☐

RESIDENT'S REPRESENTATIVE'S DETAILS (if applicable)			
Name	(Mr/Mrs/Miss)		
Address			
		Post Code	
Telephone		Email	
Unregistered enduring power of attorney		YES ☐	NO ☐
Registered enduring power of attorney		YES ☐	NO ☐
Lasting power of attorney		YES ☐	NO ☐
Court appointed deputy		YES ☐	NO ☐
Applicant to court of protection for appointment as deputy		YES ☐	NO ☐
None of the above ☐			

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THIRD PARTY'S DETAILS (if applicable)					
Name	(Mr/Mrs/Miss)				
Address					
				Post Code	
Telephone		Email			

DETAILS OF PLACING AUTHORITY (if applicable)	
Name of Authority	

FEES			
Total Weekly Fee	£	Review Date	/ /
PAYABLE BY			
Resident/Service User Contribution	£	Local Authority	£
Third Party	£	NHS CHC FNC	£
Number of weeks that the resident is able to self-fund (on the local authority's current rules) before becoming eligible to apply for public funding		Weeks	

DECLARATION BY SELF-FUNDING RESIDENT
(OR BY RESIDENT'S REPRESENTATIVE ON THE RESIDENT'S BEHALF)

I confirm that I have read and understood the Terms and Conditions and will observe and comply (or will procure that the Resident observes and complies) with the terms and conditions in the Terms and Conditions that apply to me/the Resident.

I understand that if I/the Resident become(s) eligible to apply for public funding but the amount that the public authority will pay Crown Care is less than the full amount of the home's charges, then the home will, subject to availability, be entitled to offer me an alternative room at a lower charge to reduce or eliminate the amount of the shortfall. I also understand that I/the Resident will be required to leave the home if I decline the alternative room (if offered) and/or if the amount of any shortfall is not paid to Crown Care, either by myself/the Resident or by someone else on my/the Resident's behalf.

In the event that I/the Resident is assessed as being eligible for NHS Continuing Healthcare, I acknowledge that Crown Care's homes provide superior accommodation, services and facilities that are additional to the services and accommodation that the NHS is obliged to fund **("Additional Services")**. I also understand that if I/the Resident become(s) eligible for NHS Continuing Healthcare but the amount received from the NHS is less than Crown Care's full charge and (a) Crown Care is unable to charge me/the Resident for the Additional Services or (b) I am/the Resident is unable or unwilling to pay separately for the Additional Services and/or (c) there is no suitable alternative, lower cost, room that Crown Care can offer me/the Resident or (d) I/the Resident decline(s) a lower cost room offered by Crown Care, then I/the Resident may be required to leave the home.

Signature		Date
Print Name		/ /
Address		
Signature (Witness)		Date
Print Name		/ /
Address		

Continued overleaf >

DECLARATION BY PUBLICLY FUNDED RESIDENT
(OR BY RESIDENT'S REPRESENTATIVE ON THE RESIDENT'S BEHALF)

I confirm that I have read and understood the Terms and Conditions and will observe and comply (or will procure that the Resident observes and complies) with the terms and conditions in the Terms and Conditions that apply to me/the Resident.

I understand that if (a) the amount that the local authority will pay Crown Care is less than the full amount of Crown Care's charges and (b) the amount of the shortfall is not paid to Crown Care, either by myself/the Resident or by someone else on my/the Resident's behalf, then I/the Resident will be required to leave the home.

In the event that I am/the Resident is assessed as being eligible for NHS Continuing Healthcare, I acknowledge that Crown Care's homes provide superior accommodation, services and facilities that are additional to the services that the NHS is obliged to fund **("Additional Services")**. I also understand that if I/the Resident become(s) eligible for NHS Continuing Healthcare but the amount received from the NHS is less than Crown Care's full charge and (a) Crown Care is unable to charge me/the Resident for the Additional Services or (b) I am/the Resident is unable or unwilling to pay separately for the Additional Services and/or (c) there is no suitable alternative, lower cost, room that Crown Care can offer me/ the Resident or (d) I/the Resident decline(s) a lower cost room offered by Crown Care, then I/the Resident may be required to leave the home.

Signature		Date
Print Name		/ /
Address		
Signature (Witness)		Date
Print Name		/ /
Address		

DECLARATION BY NHS / CHC / FNC FUNDED RESIDENT
(OR BY RESIDENT'S REPRESENTATIVE ON THE RESIDENT'S BEHALF)

I confirm that I have read and understood the Terms and Conditions and will observe and comply (or will procure that the Resident observes and complies) with the terms and conditions in the Terms and Conditions that apply to me/the Resident.

I acknowledge that Crown Care's homes provide superior accommodation, services and facilities that are additional to the services that the NHS is obliged to fund **("Additional Services")**. I also understand that if the amount received from the NHS is less than Crown Care's full charge and (a) Crown Care is unable to charge me/the Resident for the Additional Services or (b) I am/the Resident is unable or unwilling to pay separately for the Additional Services and/or (c) there is no suitable alternative, lower cost, room that Crown Care can offer me/the Resident or (d) I/the Resident decline(s) a lower cost room offered by Crown Care, then I/the Resident may be required to leave the home.

Signature		Date
Print Name		/ /
Address		
Signature (Witness)		Date
Print Name		/ /
Address		

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DECLARATION BY RESIDENT'S REPRESENTATIVE (IF APPLICABLE)

I confirm that I have read and understood the section in Part A of the Terms and Conditions headed "Important Information for Representatives of Residents".

Signature		Date
Print Name		/ /
Address		
Signature (Witness)		Date
Print Name		/ /
Address		

DECLARATION BY THIRD PARTY (IF APPLICABLE)

I/we confirm that I/we have read and understood the Terms and Conditions. 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 Standing Order. I/we understand that the amount of my/our contribution may change and that I/we will be given not less than 28 days' notice of any change in amount.

Signature		Date
Print Name		/ /
Address		
Signature (Witness)		Date
Print Name		/ /
Address		

SIGNED ON BEHALF OF CROWN CARE

CROWN CARE Authorised Signatory		Date
Print Name		/ /
Position		

Continued overleaf >

Inventory of possessions which the Resident wishes to bring to the Home

DECLARATION BY RESIDENT (OR BY RESIDENT'S REPRESENTATIVE ON THE RESIDENT'S BEHALF)

I confirm that the above is a full list of possessions which I/the Resident will bring to the home on admission.

I understand that the above list will be used as evidence of personal possessions which I/ the Resident will bring into the home and if an item is not included on this list, I/the Resident will be deemed not to have brought the item into the home.

I understand that if I bring any further possessions to the home after admission which are not included in this list, I will inform the home in writing and obtain and retain a receipt for the possession.

Signature		Date
Print Name		/ /
Address		
Signature (Witness)		Date
Print Name		/ /
Address		