



LILY CARE HOME

152, Jaffna -Pointpedro Road, Kopay, Srilanka
 Tel: +94 21 223 2262 / +94 21 223 2263 (Fax)
 Email: lilycarehome@gmail.com Web: lilycarehome.com

APPLICATION FORM

Please use a black pen and write in BLOCK LETTERS and, where indicated, tick the box and write a comment. and then click on the link. For assistance with the completion of the Application Form, please do not hesitate to contact our office. A complete application (all documents) is required.

Are you applying for:

- Residential facilities Seeking Respite care
- Temporary aged care
- Permanent residential aged care
- Home care Service

Applicant Details

Full name:			
Preferred name:			
Date of birth: DD/MM/YYYY	Gender:	Current weight:	Height:
Marital status:	Religion:	Current location: In your own home / Staying elsewhere	
Address:		Postcode:	Phone number:

Details of Applicant's Representative

Full name:			
Relationship to the Applicant :		Email address :	
Address :		Postcode :	Mobile number :

Details of Applicant's guarantor

Full name:			
Relationship to the Applicant :		Email address :	
Address :		Postcode :	Mobile number :

Details of Applicant's Legal representative

Full name:

Relationship to the Applicant :

Email address :

Address :

Postcode :

Mobile number :

Documents to be supplied

- Copy of the NID / Passport
- Medical report with copy of the Clinic Book
- Financial Information: Pension, Bank deposits, Last will etc.

Declaration

Your guarantor will also be required to have signed by this date. Admission will NOT proceed until we receive the agreement, signed as required.

I sincerely declare that the details supplied on this application form, whether for myself or on behalf of the applicant, and in particular those questions in regard to the financial details of the applicant, are to the best of my understanding true and correct, and in no way inaccurate, incomplete, misleading or deceptive. I will provide upon request, all further information and documentation required for this application, including any further proof of financial status.

Completed by : Applicant / Applicant's representative

Full name: (please print) :

Signature:

Date:

Note

The Admission Process:

1. Submission of the application form duly filled.
2. Assessment will be done by the officials visiting the client in his/her home.
3. Final decision will be communicated within one week.
4. You are encouraged to visit Lily Care Home any time (7.00 AM – 7.00 PM) and gather information and dialogue with the office.