

A G R E E M E N T

To be completed and signed by person admitting the senior citizen (hereinafter referred to as the 'elder') to the Lady Fareed Home for Elders No.27 Pamunuwila Road, Makola North, Makola, Sri Lanka (hereinafter referred to as the 'Home')

I of
[name] [address]

..... holder of NIC No.....

do hereby certify that I am the of the elder
[relationship]

being admitted to the Lady Fareed Home for Elders on this date.

I confirm that all facts and statements contained in all three pages of this Application and Agreement are true, factual and applicable to the present state of the elder being admitted. Should it become apparent to the Home that certain facts had not been disclosed or had been withheld and that the condition of the elder is not suitable for care at the Home, I understand and agree that the Home would release the elder to my custody for appropriate treatment in keeping with his/her physical/mental condition.

Having taken the responsibility of admitting this elder to the said Home, I agree to pay all expenses connected to the upkeep of this elder on a monthly basis by cash/cheque/money order/bank transfer/pay order before the 5th date of every month commencing from this date. I note that the Bank Account of the Home is as follows: [bank account name, number, bank and branch].

I further agree to pay regular/bi-monthly or monthly visits to the elder to maintain contact with him/her and discuss the progress of the elder with officials of the Home.

Should the elder fall seriously ill requiring urgent medical attention at any time, I grant permission to the Home to take appropriate action for his/her hospitalization or other action until the arrival of myself or the authorized nominee below.

I further grant permission to the Home to conduct the last rites of the elder within the appropriate time should it become necessary in an interim period until I or the authorized nominee are contacted urgently on the valid contact numbers given below.

Signed in agreement of the terms and conditions set herein.

.....
Name

.....
Signature

.....
Contact telephone numbers & alternate numbers

.....
Date

.....
Name & Signature of Authorized Nominee

.....
Relationship to Elder

Address of Authorized nominee:

Contact numbers of authorized nominee:

.....
Signature in agreement to act as authorized nominee in my absence