

Octavia Waight Centre

Octavia Waight Centre

P.O. Box 167, San Ignacio, Cayo
Tel. # 824-2214; Fax # 824-2625

RESIDENT IDENTIFICATION DATA

This request for information is part of the admission process for the applicant. It must be completed by the applicant or responsible party ** before the applicant is admitted.

1. NAME _____ AGE _____ SEX _____

SOCIAL SECURITY NO.(if any) _____

2. PLACE AND DATE OF BIRTH _____

3. PREVIOUS OCCUPATION _____

4. EDUCATION (if any) _____

5. LANGUAGE(S) SPOKEN

READ: (Yes, No) Language(s)

WRITE: (Yes, No) Language(s)

6. RELIGION (if any) _____

7. MARITAL STATUS: Married, Single, Common Law, Divorced, Widow(er)

8. ASSETS: (if any)

a) INCOME _____ SOCIAL SECURITY _____ PENSION

b) HOUSE _____ c) LAND _____ d) OTHER

DOES THE POTENTIAL RESIDENT HAVE A PLAN FOR HANDLING

His or her Assets? Yes No

9. RELATIVES (Living), RELATIONSHIP and ADDRESS

a) _____

b) _____

TELEPHONE(S)
(Include office telephone)

*** The responsible party(ies) is/are the family member(s) or individual(s) who is/are responsible to assist with a financial contribution for the resident, responsible for corresponding with the resident and maintaining contact with the home and responsible for financial and logistic arrangements if the resident dies. The responsible party(ies) must inform the home by mail or telephone when the party(ies) has a change of address and/or new telephone number.*

DATE OF ADMISSION: _____

SIGNATURE _____ DATE _____
(Name of Individual completing this form)

Octavia Waight Centre

P.O. Box 167, San Ignacio, Cayo
Tel. # 824-2214; Fax # 824-2625

BELIZE

AGREEMENT TO CONTRIBUTE TO RESIDENCY

BETWEEN: THE BOARD OF GOVERNORS OF THE (*Name of home*)
(Hereinafter referred to as "Board")

AND

(Hereinafter referred to as "the person(s) responsible")
(Both hereinafter referred to as "the parties")

IN RESPECT FOR CONTRIBUTING TO RESIDENCY

OF _____

(Hereinafter referred to as the "resident").

EFFECTIVE DATE OF THIS AGREEMENT:

DATE: _____

It is hereby agreed that the person(s) responsible will provide the sum of _____ monthly as a contribution for the residency of the above named resident.

Signed this _____ day of _____, 20_____.

Signature of person(s) responsible: _____

Signature of Board member or designee: _____

Witness: _____

Octavia Waight Centre

P.O. Box 167, San Ignacio, Cayo
Tel. # 824-2214; Fax # 824-2625

HOME RULES FOR RESIDENTS

Residents must remain at the home at all times unless given permission by the Supervisor to leave.

If residents want to leave the home for any reason, they, or the family or responsible party(ies), must inform the Supervisor of their destination and the period of time they will be away.

Residents will do as much for themselves as possible to keep themselves, their clothes, beds and rooms, neat and clean.

Residents will bathe daily.

Personal laundry will be given to staff daily.

Residents will eat their meals when called to the dining room.

No resident is allowed in the kitchen at any time. If a drink or snack is desired, they will ask the staff.

Smoking is prohibited.

Residents must cooperate with other residents and staff.

Verbal or physical abuse towards other residents or staff will not be tolerated.

Visiting hours for family/responsible party are 10:00 a.m. to 11:45 a.m. and from 2:00 p.m. to 4:30 p.m., 7 days a week.

Revised: 20th March, 2010