

HAWKINGE HOUSE NURSING HOME RESIDENT AGREEMENT (FOR NHS CONTINUING HEALTHCARE FUNDING)

This Agreement sets out the terms and conditions that apply to the admission of the Resident named below as a Resident of Hawkinge House Nursing Home. The terms and conditions set out in the "Resident's Handbook", dated 21st July 2015, form part of this Agreement.

RESIDENT'S DETAILS			
NAME	(Mr/Mrs/Miss)	DATE OF BIRTH	
DATE OF ADMISSION		ROOM NUMBER	
ADMITTED FROM:			

RESIDENT'S REPRESENTATIVE'S DETAILS (IF APPLICABLE)			
NAME	(Mr/Mrs/Miss)	RELATIONSHIP TO RESIDENT	
ADDRESS			
		POST CODE	
TELEPHONE NO			
E-MAIL ADDRESS			
RESIDENT'S REPRESENTATIVE (I.E. SIGNATORY OF THIS AGREEMENT ON RESIDENT'S BEHALF)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
UNREGISTERED ENDURING POWER OF ATTORNEY		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
REGISTERED ENDURING POWER OF ATTORNEY		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
LASTING POWER OF ATTORNEY		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
COURT APPOINTED RECEIVER		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
APPLICANT TO COURT OF PROTECTION FOR APPOINTMENT AS RECEIVER		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

DETAILS OF PLACING NHS CCG (IF APPLICABLE)	
NAME OF NHS CCG	

FEES			
TOTAL WEEKLY FEE	£1095 per week	NORMAL ANNUAL REVIEW DATE	1 st April
AMOUNTS PAYABLE BY			
RESIDENT/SERVICE USER	Nil	THIRD PARTY	Nil
PARTLY OR FULLY FUNDED BY LOCAL AUTHORITY	No	PARTLY OR FULLY FUNDED BY NHS CONTINUING HEALTHCARE	Yes

**DECLARATION BY NHS CONTINUING HEALTHCARE FUNDED RESIDENT
(OR BY RESIDENT'S REPRESENTATIVE ON THE RESIDENT'S BEHALF):**

I confirm that I have read and understand the Residents' Handbook and will observe and comply (or will procure that the Resident observes and complies) with the terms and conditions in the Residents' Handbook that apply to me/the Resident.

I have read paragraph 1.5 of Part B of the Residents' Handbook and I understand that if I/the Resident cease(s) to be eligible for NHS Continuing Healthcare Funding, I/the Resident will be responsible for paying the Home's Total Weekly Fee shown above. This means that:

- If I/the Resident am not eligible for all or part of the Home's charges to be paid by a local authority and I/the Resident am unwilling or unable to pay the Home's Total Weekly Fee shown above then I/the Resident may be required to leave the Home. I/the Resident will be given not less than one month's notice and I/the Resident will have to leave the Home at the end of the notice period;
- If I/the Resident am eligible for all or part of the Home's charges to be paid by a local authority and there is a shortfall between the Home's Total Weekly Fee shown above and the amount that the local authority will pay (together with the amount of my/the Resident's assessed contribution) any shortfall in fees must be paid by a third party on my/the Resident's behalf from the date that the local authority starts paying for me/the Resident, up to the second anniversary of that date. After that period I/the Resident will be able to stay in the Home and the Home will not seek to recover the shortfall from me/the Resident or from anyone else. If the shortfall cannot be paid by a third party for the two year period then the Home reserves the right not to accept me/the Resident as a local authority funded resident, in which case I/the Resident will either have to leave the Home or I/the Resident will have to pay the Home's Total Weekly Fee shown above from my/the Resident's own funds without any contribution from the local authority.

SIGNATURE

(Resident/Resident's Representative)

WITNESS

Signature: _____
Name (Print): _____
Address: _____

DECLARATION BY RESIDENT'S REPRESENTATIVE (IF APPLICABLE)	
I confirm that I have read and understand the section in Part A of the Residents' Handbook headed "Important Information For Representatives of Residents".	
SIGNATURE	_____ (Resident/Resident's Representative)
WITNESS	Signature: _____ Name (Print): _____ Address: _____ _____

HAWKINGE HOUSE LIMITED SIGNATURE	
SIGNED ON BEHALF OF HAWKINGE HOUSE LIMITED:	
SIGNATURE	_____ (Hawkinge House Limited, authorised signatory) Full name: Terry Mullan Position: Home Manager

DATE OF AGREEMENT	
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