VISHWAS

THE RICHMOND FELLOWSHIP SOCIETY (INDIA), DELHI BRANCH

For Community Mental Health – Training centre in Therapeutic Community

- Society for a Charitable Cause
- Registered under the Societies Registration Act 1860
- Donations exempted under section 80 (G)
- Foreign Contribution Regulation Act of 1976

Halfway Home & Day Care Centre VISHWAS, 30/3 Knowledge Park III, Greater Noida, 201308, U.P.

Telephone: (0120) 2323811 Mobile: 9717126009 E-mail: rfsdelhi@gmail.com

APPLICATION FOR ADMISSION TO DAY CARE CENTRE IN GREATER NOIDA

Person seeking admission			
Mr./Ms.			
Age			
Date of birth			
Educational			
Qualifications			
Marital Status			
Religion			
Languages Known			
Contact Information	Address:		
	Phone:	Mobile:	
	Fax:	email	
Family Information	Father's Name:		
	Occupation	Age	years
	Mother's Name:		
	Occupation	Age	years
	Siblings' Names & Age:		
	1.	2.	
	3.	4.	
	Spouse's Name:		
	Occupation	Age	years
			•
	Number of Children (if any):		
	Male	Female	

Local guardian	Name:		
(If parents/family living outside National Capital Region)	Address:		
	Phone:	Mobile:	
	email:	PAN No:	
Family Income Rs. p.m.			
Details of person	Name:		
responsible for making payments to Richmond Fellowship	Address:		
	Phone:	Mobile:	
	email:	PAN No:	
Any history of:	Attempted suicide:		
	Running away from home:		
	Indulging in anti-social activities/violation of law:		
	Violence:		
	Unwillingness to take medication:		
History of mental illness in the family, if any			
How is person's illness affecting other family clients?			

Reasons for seeking admission to the Fellowship	
Previous work history	Last occupation:
	Name of office/company:
	Nature of work:
	Work performance:
	Reason for discontinuation (if discontinued):
	Further details, if any:
	If unemployed, specify duration:

Enclosures:

- 1. Two photographs of patient one passport size & one post-card size
- 2. Declaration of understanding and acceptance of terms & conditions by patient as well as parent or closest blood relative. If parents/family are not residing in National Capital Region, this should also be signed by a local guardian. The declaration should also be signed by person responsible for making payments.
- 3. Psychiatrist's referral form
- 4. Draft/Cheque for amount Rs. 500/- towards Processing Fee drawn in favour of "The Richmond Fellowship Society (India) Delhi Branch" payable in NCR.

PSYCHIATRIST'S REFERRAL FORM

Particulars of Treating Psychiatrist	Name:	
	Address of hospital/clinic:	
	Phone:	Mobile:
	Fax:	email:
Name of Patient		
Age		
Diagnosis		
-		
Duration of illness		
Reasons for referral		
Current symptoms		
Last hospitalization details		
History, if any	Epilepsy Mental retardation Social withdrawal, isolation an Violence Anti-social tendencies Attempts to run away from hor Suicide Attempts Substance abuse (Name of drugs, if abstinent for	me
Current treatment	Description:	
	Possible precautions & side eff	ects:

Brief family history		
Family's attitude		
towards patient		
E1(T:-1-	Count and assist an anima and	
Enclosures (Tick applicable, if any)	Court and social enquiry report Clinical psychologist's report	
applicable, if ally)	Educational assessment	
	Medical reports pertaining to physical problems	
	Any other relevant reports	
Any additional		
information, considered		
useful for treatment of		
patient		
	<u>l</u>	
R	ECOMMENDATION	
Ma /Mas /Miss	has been under muy come since	
IVII ./ IVII S ./ IVII S S	has been under my care since	
·		
I recommend that this patient be admitted to Day Care Centre and Day Care Centre of The		
Richmond Fellowship Society (India) Delhi Branch.		
I am willing to continue providing psychiatric support to the patient on regular visits to my		
clinic/hospital. In case of any emergency he/she can be attended by a local psychiatrist		

Signature with Stamp Name:

Declaration of Understanding and Acceptance of the conditions pertaining to the admission to Day Care Centre at RFS (I), Greater Noida

1. Payments are required to be made as under by draft/cheque payable in NCR drawn in favour of "RFSI, Delhi Branch".

a.	Processing Fee	Rs. 500/-	To be given along with Admission
			Form
b.	Refundable deposit	Rs. 24,000/-	One time deposit on admission returnable after discharge of client and clearance of dues.
c.	Monthly Charges	Rs 8,000/-	Payable in advance before start of every month. Monthly charges are inclusive of lunch.
d.	Monthly Transport Charges: From Greater Noida	Rs. 3,000/-	Payable in advance before start of every month

Fee structure would be reviewed periodically and would be revised, if considered necessary. Irrespective of the rates mentioned above, the fees will be charged at rates prevalent at the time of payment.

2. The fact that the client is temporarily in the care of the Richmond Fellowship Society (India) offers no protection under law. Illegal acts including attempted or actual suicide while as a client are subject to legal action and the Fellowship accepts no responsibility for the same.

In the event of client walking out without permission or missing from its premises, the Fellowship will inform the police and the family/guardian at the earliest possible.

- 3. Clients are required to follow all the General Rules and Regulations of the Day Care Centre. The client shall be discharged immediately in case of violence against self/others, damage to property, use of illegal drugs, engaging in undesirable/immoral activities in the Centre and any other acts which are illegal or constitute serious indiscipline.
- 4. The client will be required to make own arrangement for lunch. If desired, RFSI can consider request for providing lunch at extra charges.
- 5. Transportation to and from Noida & Greater Noida can be provided at extra charges subject to availability. The client will have to make own arrangements for travel to and from Day Care Centre from other places.
- 6. The Richmond Fellowship Society (India) reserves the right to modify terms and conditions which would be binding on the part of the applicant/parent/guardian/local guardian and person responsible for making payments to the Fellowship.

DECLARATION & ACCEPTANCE

We hereby declare that all of the information given by us in the application form is true and accurate. In the event any information given by us is found inaccurate, the Fellowship will have the right to discharge the client immediately after intimating us.

We have read and understood all terms and conditions and hereby confirm our acceptance.

Signature of Applicant :	Signature of Parent/Guardian:
Name:	Name :
Date :	Date
Signature of Local Guardian:	Signature of Person responsible for payments:
Name:	Name:
Date	Date

For office use only

Remarks of Admission Committee

For Information of families

Criteria for admission

- 1. Patient is recommended by a psychiatrist for admission to Day Care Centre.
- 2. Age should be between 18-45 years. Upper limit may be extended in special circumstances depending upon mental/physical health of the patient.
- 3. Person seeking admission must fall into category of person suffering from Schizophrenia/Affective disorders
- 4. Patients with the following disorders are not admitted
 - a. Current drug or alcohol abuse
 - b. Serious organic brain disorders
 - c. Moderate to severe mental retardation
 - d. Severe anti-social problems
 - e. Serious physical disability
 - f. Seriously disoriented
 - g. Prone to causing injury to self and others
- 5. Prospective client must have
 - a. Complete family co-operation
 - b. Financial security
 - c. A local guardian (if parents located outside NCR)
 - d. A commitment to participate in programmes

Rules for Day Care Centre

- 1. Clients must take an active part in the programmes in Day Care Centre unless exempted from specific programmes by Manager on the basis of Medical grounds. They must follow instructions given by Manager/Counsellors.
- 2. Clients will not leave the premises without permission from staff on duty
- 3. Clients must not cause damage to any property. Any losses on this account would be recoverable from the client/person responsible for making payments to the Fellowship.
- 4. Clients must not bring valuable articles to Day Care Centre. In case of theft or loss of such items, the management shall bear no responsibility.
- 5. There would be no violence against self/others.
- 6. Use of illegal drugs and alcohol is strictly prohibited.
- 7. Smoking is not allowed on the premises, as smoking in public places including Health Care facilities, has been banned by the Government. Any violation may lead to action as prescribed in law. The concerned client shall be solely responsible for fines/actions arising out of violation.
- 8. Use of mobile phones is not allowed.
- 9. Any client guilty of misconduct, indecent behaviour, breach of rules, showing disrespect to authority and causing nuisance to other clients and staff may be asked to leave Day Care Centre.
- 10. The Richmond Fellowship Society (India) reserves the right to modify existing rules, frame additional rules or issue directions from time to time which shall be adhered to