

**THE RICHMOND FELLOWSHIP SOCIETY (INDIA), LUCKNOW BRANCH**

*For Community Mental Health – Training center in Therapeutic Community*

Society Registered in Delhi – No. S – 16800 OF 1986



**NAV-UDAY MANSIK SWASTHYA SANSTHAN**

VIRAJ KHAND-5, GOMTI NAGAR, LUCKNOW (U.P.) – 226 010

Phone: 0522 – 2728998, Mobile. 9450412974

Email address: - [rfslucknow@gmail.com](mailto:rfslucknow@gmail.com)

PHOTO

President: Dr. A. K. Agarwal  
Vice-President: Dr. Prabhat Sitholey

Mrs. Pushpa Sethi  
Incharge, Day Care

Secretary: Dr. Shashi Rai  
Treasurer: Mr. Alok Saxena

Attach 2 Photographs

**CONFIDENTIAL**

**APPLICATION FOR ADMISSION: DAY CARE**

Form should be complete and written in block letters. Completed form should be sent to the In charge, at Day Care Center's Office.

**PERSONAL DATA**

Name : Mr./Ms.....Father's /Guardian's Name.....

Home Address.....

Blood Group.....Telephone No. ....

Date of Birth.....Age.....Marital Status.....

Religion.....Languages Known.....

Educational Qualification.....

(State other courses taken, if any) .....

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Name and Address of the parents (if different from above) .....

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.....Telephone No.....

Name and Address of person other than parents for contact, if required.....

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.....Telephone No.....

**Donations made to the Fellowship are exempted under Section 80-G of Income Tax Act and Foreign Contribution Regulation Act of 1976.**

**FAMILY DATA**

Mother's Name.....Age ..... (If deceased, when) ... .occupation.....

Father's Name.....Age..... (If deceased, when) .....occupation.....

No. of siblings (ages any other relevant information)

1.....

2.....

3.....

4.....

Spouse's Age..... Occupation.....

Children (Ages, occupation and addresses)

1.....

2.....

3.....

4.....

Any known history of mental illness in the family

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**PREVIOUS WORK RECORD**

If employed, duration ..... designation.....

Address.....

Nature of work.....

..... Salary Rs. Per month.....

Ability of work.....

Steps taken for reemployment.....

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Other special interests, hobbies or aptitudes (state those that can be applied during vocational training)

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**SOCIAL HISTORY**

Please give social history including: - Family background and relationship within the family, Work history, present situation, difficulties and motivation. Also provide or attach the following if available: Court and social enquiry report, psychiatrist's report, psychologist's report, educational assessment and medical report if relevant.

Family History (Inter relationship within the family and Society, etc.)

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Work History (present situations, difficulties, and motivation level)

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Other relevant details:

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- ✓ Please tick off Areas for therapeutic intervention (areas of Concern/Problem)
- \* Personal Hygiene
- \* Work Habits
- \* Social Skills
- \* Emotional Reactivity
- \* Time Management
- \* Marital and Family Therapy
- \* Interpersonal relationships
- \* Crisis Management (emergencies, dangers, etc.)
- \* Leisure activities
- \* Money Management
- \* Home management
- \* Any other

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**PSYCHIATRIC DATA**  
(TO BE FILLED BY THE TREATING PSYCHIATRIST)

Last/present hospital (in or our patient with Hospital No.).....

Most recent hospitalization .....

Name of consultant.....Total duration of illness.....

Brief history of illness, covering Current symptoms.....

Diagnosis.....

Treatment Given:.....

1. Any history of drug abuse and if so, is the present psychiatric illness related to the above?
2. Is the individual still abusing drug/alcohol?
3. Any history of
  - a. Mental retardation
  - b. Epilepsy
  - c. Attempted suicide
  - d. Psychopathic tendencies – Past & Present

Present Medication.....

(Precautions/side effects to be observed).....

Any other relevant information.....

Mr. /Ms.....has been under my treatment since.....months/years.

I recommend that this client be admitted to The Day Care Center and I am willing to take care of the person's follow up and treatment. She/he needs to visit once in ..... week/month.

Name and Address in Block Letters.....

.....Telephone No.

Signature of Psychiatrist  
Date

## CHARGES FOR DAY CARE

<b>Day Care Centre</b>			
a.	Processing Fee	Rs. 500	To be given along with Admission Form.
b.	Trial Stay	Rs. 500	For Seven Days
b.	Monthly Charges	Rs. 2,000	Payment to be made before 5 <sup>th</sup> of every month.
c.	Van Charges	Rs. 2500	Per Month
Charges are not applicable as Day Care Service is sponsored by PRCL.			
<b>NOTE: FEES NOT REFUNDABLE</b>			

### Declaration of Understanding and Acceptance of the conditions pertaining to the admission for a residential stay at RFS (I) Halfway Home at Greater Noida

(To be signed by Parent. If parent is not a resident of NCR, a Local Guardian from NCR should also sign).

1. Payments are required to be made as under by draft/cheque payable in NCR drawn in favour of "RFS (I) Delhi Branch".

a.	Processing Fee	Rs. 500/-	To be given along with Admission Form
b.	Refundable deposit	Rs 1,00,000/-	One time deposit on admission returnable after discharge of patient and clearance of dues
c.	Monthly Charges for food, accommodation and professional support at Halfway Home	Rs 28,000/-	Payable in advance before start of every month
d.	Pocket Money and Medicines for patient	Rs 2,000/- Initial amount.	Further amounts are to be paid as per actual expenses.
e.	Associate Membership  Alternatively:  Ordinary Membership	Rs 1,000/-   Rs 3,000/-	to be taken up by parent/guardian. One time payment on admission for Parents / Guardians of residents past or present.   Ordinary Members have voting rights in Annual Meetings of Branch and General Body Meetings of National Board besides other privileges as per rules.

2. 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.

Hospitalization expenses, if any, will be the responsibility of the parent.

Failure to meet the financial obligations will result in the resident being given notice to leave.

3. The fact that the resident member 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 resident are subject to legal action and the Fellowship accepts no responsibility for the same.

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

4. Resident members are required to follow all the General Rules and Regulations of the house. The resident member shall be discharged immediately in case of violence against self/others other, damage to property, use of illegal drugs, engaging in sexual activities in the house and any other acts which are illegal or constitute serious indiscipline.
5. It is the responsibility of the family to have a monthly Psychiatric Consultation of the resident member. In the event family is unable to take the resident member in the event of any unavoidable circumstances, the Fellowship may take the member to the psychiatrist. In such cases, expenses towards to and fro transportation, charges for deputing clinical and other staff and incidental expenses will be payable by the family.
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 member immediately after intimating us.

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

Signature of Applicant:

Name :

Date :

Signature of Parent/Guardian:

Name :

Date

Signature of Local Guardian:

Name :

Date

Signature of Person responsible for payments:

Name :

Date

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*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 Halfway Home.
2. Age should be below 60 years.
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
  - h. Communicable disease or transmissible problem which can affect others.
  - i. Serious or chronic physical illness
5. Prospective member must have
  - a. Complete family co-operation
  - b. Financial security
  - c. A local guardian (if parents located outside NCR)
  - d. Willingness to take their prescribed medication
  - e. A commitment to stay at VISHWAS and participate in programmes

### TIME TABLE

#### NAV – UDAY DAY CARE CENTER

Days	Getting Ready 11.00 – 12.00	Vocational Training 12.00 – 1.00	Lunch 1.00 – 2.00	Vocational Training 2.00-3.00	Home Work Assignment Recreation & Personality Development 3.00-4.00
Mon	<ul style="list-style-type: none"> <li>• Prayer</li> <li>• Yoga &amp; Exercise</li> <li>• News of the day</li> <li>• Thought Discussion or</li> <li>• Topic Presentation</li> </ul>	<ol style="list-style-type: none"> <li>1) Drawing &amp; Painting</li> <li>2) Art and Craft</li> <li>3) Computer</li> </ol>	-DO-	<ol style="list-style-type: none"> <li>(1) Performing Arts (Dance)</li> <li>(2) Stitching &amp; Embroidery</li> <li>(3) Computer</li> </ol>	Living Skills Training (Self Care)
Tues	-DO-	<ol style="list-style-type: none"> <li>(1) Performing Arts (Dance)</li> <li>(2) Stitching &amp; Embroidery</li> <li>(3) Computer</li> </ol>	-DO-	<ol style="list-style-type: none"> <li>(1) Drawing &amp; Painting</li> <li>(2) Art and Craft</li> <li>(3) Computer</li> </ol>	Recreation
Wed	-DO-	<ol style="list-style-type: none"> <li>(1) Cooking Class</li> <li>(2) Envelope Making</li> <li>(3) Computer</li> </ol>	-DO-	<ol style="list-style-type: none"> <li>(1) Stitching &amp; Embroidery</li> <li>(2) Performing Arts (Singing)</li> <li>(3) Computer</li> </ol>	Social Skills Training (Interpersonal & Communication Skills)
Thu	-DO-	<ol style="list-style-type: none"> <li>(1) Stitching &amp; Embroidery</li> <li>(2) Performing Arts</li> </ol>	-DO-	<ol style="list-style-type: none"> <li>(1) Drawing &amp; Painting</li> <li>(2) Art and Craft</li> </ol>	Recreation

		(Singing) (3) Computer		(3) Computer	
<b>Fri</b>	<b>-DO-</b>	(1) Drawing & Painting (2) Art and Craft (3) Computer	<b>-DO-</b>	(1) Performing Arts (D/S) (2) Envelope Making (3) Computer	<b>General Awareness</b>
<b>Sat</b>	<b>-DO-</b>	Review of the week Planning for next week Group Counseling	<b>-DO-</b>	<b>Half Day</b>	

**NOTE: Individual counseling (11.00-12.00 & 02:00-03:00 on Mondays, Wednesdays and Fridays)  
Family Counseling is also arranged as and when required.**