

**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: - [rflucknow@gmail.com](mailto:rflucknow@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.....

.....

.....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           | * Interpersonal relationships                    |
| * Work Habits                | * Crisis Management (emergencies, dangers, etc.) |
| * Social Skills              | * Leisure activities                             |
| * Emotional Reactivity       | * Money Management                               |
| * Time Management            | * Home management                                |
| * Marital and Family Therapy | * 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 ADMISSION TO DAY CARE CENTER**

**(TO BE SIGNED BY THE PARENT OR LOCAL GUARDIAN IF THE FORMER DOES NOT RESIDE IN LUCKNOW)**

1. The fact that the client is temporarily in the Day Care Center offers no protection in law. Criminal acts including attempted or actual suicide while as a client are subject to legal action and Center accept no responsibility in this connection.
2. In the event of the client walking out without permission or “missing” from the Day Care Center, the Center will inform the family/guardian by the quickest available means.
3. The duration of the training will be for a maximum period of one year. The committee will grant request for an extension, if considered appropriate.
4. Client are required to follow all the rules and regulations of the Day Care Center and to refrain from violence whether to self or to others and property, use of drugs other than those duly prescribed and engaging in sexual activities in the Center.
5. The client will have to make his/her own arrangement of lunch and transportation to and from the Day Care Center.
6. Please also see enclosure to the application.

We have read and understood the above conditions of acceptance and hereby confirm that we will comply.

Signature of Application seeking admission  
Date: .....

Signature of Parent/Guardian  
Date: .....

**Remark of Admission Committee**

Name & Address of Parent/Guardian  
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Witness’s Signature.....  
Name and Address of witness.....  
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**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>(4) 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 (Singing)</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
Fri	-DO-	<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 (D/S)</li> <li>(2) Envelope Making</li> <li>(3) Computer</li> </ol>	General Awareness
Sat	-DO-	Review of the week Planning for next week Group Counseling	-DO-	Half Day	

**NOTE: Individual counseling (11.00-12.00 & 02:00-03:00 on Mondays, Wednesdays and Fridays)**

**Family Counseling will be arranged as and when required.**