



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

Reasons for seeking admission to the Fellowship													
Previous work history	<p>Last occupation:</p> <p>Name of office/company:</p> <p>Nature of work:</p> <p>Work performance:</p> <p>Reason for discontinuation (if discontinued):</p> <p>Further details, if any:</p> <p>If unemployed, specify duration:</p>												
Plans after discharge from the Fellowship													
Areas of therapeutic intervention you would like to be addressed	<table> <tr> <td>Personal hygiene</td> <td>Social Skills</td> </tr> <tr> <td>Interpersonal Relationships</td> <td>Money Management</td> </tr> <tr> <td>Work habits</td> <td>Leisure activities</td> </tr> <tr> <td>Time management</td> <td>Family therapy</td> </tr> <tr> <td>Marital therapy</td> <td>Home management skills</td> </tr> <tr> <td>Crisis management</td> <td>any other</td> </tr> </table>	Personal hygiene	Social Skills	Interpersonal Relationships	Money Management	Work habits	Leisure activities	Time management	Family therapy	Marital therapy	Home management skills	Crisis management	any other
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Time management	Family therapy												
Marital therapy	Home management skills												
Crisis management	any other												

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 at Delhi.

**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 and reclusiveness Violence Anti-social tendencies Attempts to run away from home Suicide Attempts Substance abuse (Name of drugs, if abstinent for how long)
Current treatment	Description:    Possible precautions & side effects:

Brief family history													
Family's attitude towards patient													
Enclosures (Tick applicable, if any)	Court and social enquiry report Clinical psychologist's report Educational assessment Medical reports pertaining to physical problems Any other relevant reports												
Areas of therapeutic interventions you consider necessary	<table border="0"> <tr> <td>Personal hygiene</td> <td>Social Skills</td> </tr> <tr> <td>Interpersonal Relationships</td> <td>Money Management</td> </tr> <tr> <td>Work habits</td> <td>Leisure activities</td> </tr> <tr> <td>Time management</td> <td>Family therapy</td> </tr> <tr> <td>Marital therapy</td> <td>Home management skills</td> </tr> <tr> <td>Crisis management</td> <td>any other</td> </tr> </table>	Personal hygiene	Social Skills	Interpersonal Relationships	Money Management	Work habits	Leisure activities	Time management	Family therapy	Marital therapy	Home management skills	Crisis management	any other
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Any additional information, considered useful for treatment of patient													

**RECOMMENDATION**

Mr./Mrs./Miss \_\_\_\_\_ has been under my care since \_\_\_\_\_.

I recommend that this patient be admitted to Halfway Home 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 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 “RFSI, Delhi Branch”.

a.	Processing Fee	Rs. 500/-	To be given along with Admission Form
b.	Refundable deposit	Rs. 100,000/-	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 32,000/-	Payable in advance before start of every month
d.	Pocket Money and Medicines for patient	Rs 5,000/-	Initial amount. Further amounts are to be paid as per actual expenses.
e.	Membership	Rs. 5,000/-	Members have voting right in Annual Meeting of Branch and General Body Meeting of National Board besides other privileges as per rules

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.

2. 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.

3. The stay will be for a minimum period to make the individual independent. The maximum period of stay is 18 months. Carer will be required to give undertaking that they would get resident discharge and take custody of resident member on optimum recovery, when intimated, or at end of 18 months period, whichever happens earlier.
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 :**

**Signature of Parent/Guardian:**

Name :

Name :

Date :

Date

**Signature of Local Guardian:**

**Signature of Person responsible for payments:**

Name :

Name :

Date

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 between 18-45 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



## Rules for Halfway Home

1. Members must take an active part in the life of the community and house programmes unless exempted by Manager of Halfway Home on the basis of Medical grounds. They must follow instructions given by Manager/ Counsellors.
2. Allotment of specific rooms/beds will be decided by the Manager. Rooms/beds may also be changed as and when considered necessary.
3. Members must keep their rooms in neat and clean manner. They must not fill the room with unwanted and unnecessary material.
4. Members shall not enter other members' rooms without their permission. Visiting rooms of members of opposite sex is not allowed unless accompanied by the Manager/Counsellor.
5. Members will not leave the house without permission from staff on duty
6. All main meals would be taken in the Dining Hall along with other members at the prescribed time. Members are not allowed to enter kitchen.
7. Members must not cause damage to any property. Any losses on this account would be recoverable from the member/person responsible for making payments to the Fellowship.
8. Valuable articles must not be kept in rooms. In case of theft or loss of such items, the management shall bear no responsibility.
9. Medication shall be taken as prescribed. Any changes in medication must be in consultation with the Psychiatrist. Initially, clinical staff will administer medication. Thereafter, clinical staff will monitor a member's compliance with psychiatrist's prescription
10. Members must inform their Counsellors/Manager ailments as soon as these occur so that timely treatment is carried out.
11. There would be no violence against self/others.
12. Use of illegal drugs and alcohol is strictly prohibited.
13. 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 member shall be solely responsible for fines/actions arising out of violation.

14. Purchases from Pocket money for personal needs will normally be made once a week subject to availability of balance in the account of member.

15. All telephone calls will be recorded in the register provided for the purpose. Telephone calls can be made at the prescribed timings only. The duration of calls should not generally exceed 6 minutes.

Use of mobile phones is not allowed.

16. Any member guilty of misconduct, indecent behaviour , breach of rules, showing disrespect to authority and causing nuisance to other members and staff may be asked to leave the house.

17. Family members and Carers may visit their wards on weekends public holidays at prescribed time, preferably with prior intimation. For meeting on weekdays Manager may be consulted regarding the timing so that activity schedule of members is not affected.

Persons other than members of family and carers are generally not allowed to visit members without specific permission of the Manager or the person authorized by him.

18. 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.