

**MINISTRY OF HEALTH AND SOCIAL SERVICES**

**HOME CARE  
Application for Home Care Assistance**

**Ref. Number:**

**It is important that you read, carefully the application form, before completion.**

**1. To be completed by all applicants.**

**Details of Applicants**

Surname: ..... N.I.N:.....  
First Names:..... D.O.B:.....  
Address:..... Maritus Status:.....  
District:..... Name of Spouse:.....  
Income:..... N.I.N:.....  
D.O.B:.....

**2. Details of Household**

NAME	N.I.N	SEX	AGE	RELATIONSHIP TO APPLICANT	INCOME	HOUSING RENT/LOAN

**Total (a) R**

**3. Household Income**

Total income at (a)	<b>R</b>
Other (specify)	
Maintenance	
Polytechnic	
Welfare Assistance	
Total other Income	
Gross Household	
Income R	

4. State the type of Assistance required.

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5. Explain why you require such assistance?

(If on account of - A. Sickness, please attach medical certificate, B. Disability, C. Old Age, D. Lack of help from my children or relatives).

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6. Include below any information which you find relevant including assets that you have

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7. I hereby certify that the information contained in this application is correct. I hereby authorised financial institutions including bank accounts, I may hold or any relevant person in support of my application.

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**APPLICANTS SIGNATURE**

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**DATE**

**Please note that the information which you have supplied above is to be used only for the purpose assessing your needs, Household income and will be kept in the strictest of confidence.**

**Assessment / Health Status of Applicant**

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**Recommendation (Social Worker)**

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**Comments – Investigating Officer**

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**Recommendation – Home Care Manager**

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