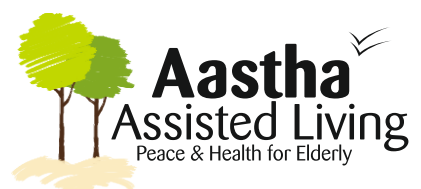




Dignified, Assisted Living for Elderly

Resident: Shri/Smt/Km _____ Age _____

Date of Admission: _____



4.5 km on Gudamba Marg, Churaman Purva,
Rasoolpur Saadat, Near Kukrail Picnic Spot
Lucknow-226028 / Email: aasthaassistedliving@gmail.com
Phone : 8687515050, 7505925520
Helpline : 7275 22 22 22

Life at Aastha Assisted Living

If your loved one is still active and vital, but can no longer live entirely independently and needs assistance with everyday activities such as bathing, eating and dressing, one of the options available For Them is at **Assisted Living Aastha Pvt. Ltd.**

Personal care services in assisted living also include medication management and care which is available round the clock. Seniors in assisted living usually have the option of a private room, Twin shared accommodation or shared space, depending on their preferences and budget.

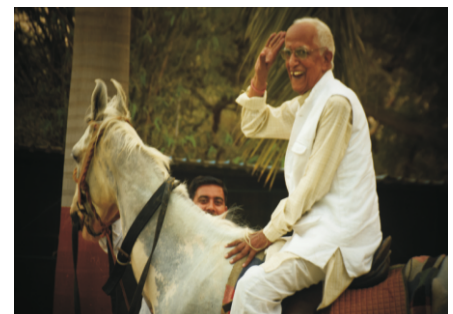
As your loved one ages, they may simply need a little extra help with everyday tasks, or they may require more specialized nursing care if they have age-related issues with mobility, or conditions such as dementia.

Our Nightingale care unit (NCU) provide memory care services (**DEMENTIA CARE**).

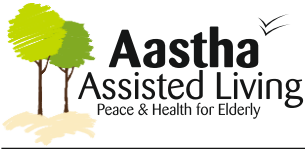


OUR **ELDERLY FRIENDLY** ASSISTED LIVING **HOMES**

- Have large bedrooms
- 24 x 7 personalized nursing support
- Round the clock medical support
- Ambulance facility
- Doctors rounds
- Dish TV, Internet, Wi-Fi
- Air conditioning / Heaters
- Laundry services
- Chauffeur services
- Power-backup
- Nutritious Meals



Shallow Pool for Elderly



Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

PRE-SCREENING AND ASSESSMENT FOR ADMISSION TO AASTHA ASSISTED LIVING FACILITY

PART I- PRE-SCREENING

NAME (FIRST, MIDDLE, LAST)	AADHAR CARD NUMBER
----------------------------	--------------------

ADDRESS (STREET, CITY, STATE, PIN) □□□□□□

PERSON IS CURRENTLY

Living Independently
 Living with Children
 Hospitalized
 Other _____

COMMENTS

TELEPHONE or MOBILE	DOB.	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
---------------------	------	--

MARITAL STATUS
 Single
 Married
 Divorced/Separated
 Widow(er)

Resident able to participate in providing above information?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Resident bed-bound or similarly immobilized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the resident exhibited behaviors that present a reasonable likelihood of serious harm to self or others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Resident requires a physical restraint?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Resident uses a medication as a chemical restraint?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Resident requires more than one person to simultaneously physically assist with any activities of daily living as bathing and/or transferring?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Resident has a condition that requires skilled nursing services? If yes, please list:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TO BE DETERMINED BY PERSON DOING RESIDENT ASSESSMENT

Yes Resident meets criteria for admission to Assisted Living Aastha Pvt. Ltd.
 Yes Resident meets criteria for admission to Assisted Living Aastha Pvt. Ltd. Facility which provides services to residents with a physical, cognitive or other impairments .
 No Resident is not eligible for admission to an Assisted Living Aastha Pvt. Ltd.

INTERVIEWER'S NAME	DATE
--------------------	------

PART II - RESIDENT ASSESSMENT (COMPLETED ON DAY OF ADMISSION TO ASSISTED LIVING FACILITY)

RESIDENT NAME

RESPONDENT NAME

	PERFORMS INDEPENDENTLY	SOME ASSISTANCE	TOTALLY DEPENDENT	COMMENTS
--	------------------------	-----------------	-------------------	----------

PERSONAL CARE - Grooming/Bathing

Bathing				
Dental/Mouth Care				
Hair Care				
Shaving				
Toe/Fingernail Care				

PERSONAL CARE - Toileting

Bladder/Bowel Control				<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Equipment Required (List:)				
Catheter/Ostomy				<input type="checkbox"/> Yes <input type="checkbox"/> No

DIETARY

Eats Meals Daily				
Meal Preparation				
Chewing/Swallowing				
Recent Weight Loss/Gain				<input type="checkbox"/> Yes <input type="checkbox"/> No
Uses Feeding Tubes/Devices Calculated Diet Prescribed				<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Diet Followed				<input type="checkbox"/> Yes <input type="checkbox"/> No

MOBILITY

Ambulatory - Able to Get Around				
Transfer To/From Bed				
Transfer To/From Chair				
Transfer To/From Wheelchair				
Safely evacuates the facility with minimal assistance.				<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEKEEPING

Cleans Bedroom, Bathroom, Kitchen				
Laundry				
Make/Change Beds				
Empty Trash				

	WELL ORIENTED	SOME MEMORY LAPSE	NEEDS ASSISTANCE	COMMENTS
BEHAVIOR/MENTAL CONDITION				
Orientation to Date, Day, and Place				
Wanders or confusion				
Memory/Recall				
Judgement				
Follows Instructions				
Sociability				
Sad or Anxious Mood				<input type="checkbox"/> Yes <input type="checkbox"/> No
Socially Inappropriate/Disruptive Behavior				<input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosed or Treatment History for Mental Illness or Developmental Disability				<input type="checkbox"/> Yes <input type="checkbox"/> No
TRANSPORTATION				
Can drive self				<input type="checkbox"/> Yes <input type="checkbox"/> No
Can leave the facility with out assistance				<input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL NEEDS/SUPPORTS/MONITORING				
RESIDENT CAN <input type="checkbox"/> Self Administer <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Totally dependent				
Tell Us About Your Medication				
Health Problems (Check All That Currently Apply)	Prescription Meds	Dosage	Physician/Pharmacy	
Anemia <input type="checkbox"/>				
Arthritis and other joint limitations or injuries <input type="checkbox"/>				
Bowel/bladder problems <input type="checkbox"/>				
Cancer, Leukemia or tumor <input type="checkbox"/>				
Dementia (OBS, Alzheimer's, Huntington's, Pick's) <input type="checkbox"/>				
Diabetes <input type="checkbox"/>				
Digestive disorders (ulcers, diverticulosis) <input type="checkbox"/>				
Edema <input type="checkbox"/>				
Effects of stroke (CVA, TIA, memory loss) <input type="checkbox"/>				
Effects of osteoporosis or fractures <input type="checkbox"/>				
Hardening of arteries (ASHD, poor circulation) <input type="checkbox"/>				
Hearing impairment (H.O.H., deafness) <input type="checkbox"/>				
Heart trouble (angina, CHF, MI) <input type="checkbox"/>				
Hypertension <input type="checkbox"/>				
Respiratory problems (asthma, emphysema, COPD) <input type="checkbox"/>				
Skin problems (decubitus ulcer, lesions, rashes) <input type="checkbox"/>	NON PRESCRIPTION MEDICATIONS			
Surgery with residual effects (drainage, amputation, paralysis, pain, fatigue) <input type="checkbox"/>				
Tremors (Parkinson's) <input type="checkbox"/>				
Visual impairment (cataracts, glaucoma, blindness) <input type="checkbox"/>				
OTHER (PLEASE LIST:)				

List all physicians/clinics and other health providers.

State the condition for which the health provider is being seen, the frequency of contact, and describe what is being done (the procedure to **monitor** the condition).

DOCTOR/CLINIC NAME	CONDITION	FREQUENCY	PROCEDURE

HOME HEALTH AGENCY NAME	CONDITION	FREQUENCY	PROCEDURE

OTHER HEALTH CARE PROVIDER	CONDITION	FREQUENCY	PROCEDURE

THIS ASSESSMENT FORM SHOULD BE USED TO DEVELOP THE INDIVIDUAL SERVICE PLAN FOR RESIDENT.

COMMENTS

INTERVIEWER'S NAME	DATE
--------------------	------

SCHEDULES

1. ONE TIME ADMISSION CHARGES

Sl No.	Admission Class	COPPER	SILVER	GOLD	PLATINUM
1.	Admission Fees	Rs.50,000/=	Rs.1,00,000/=	Rs.2,50,000/=	Rs.5,00,000/=

(A) These Charge are non refundable for one time admission for individual residents.

(B) Spouse of a residents may also get admission on payment of discounted charges.

II : SECURITIES & ADVANCES

- 1. An amount equivalent to two month's Base Rate shall be deposited as interest-free security, which will be refunded on the discharge / death after deducting outstanding dues, if any. The refund will be made to the Residents or the Nominee(s) as applicable.**
- 2. One Month's Base Rate will be deposited as advance payment, which is non refundable.**

III : TYPES AND CHARGES OF ACCOMODATION

PART A: FOR INDIVIDUALS

Sl No.	Type of Accommodation	Monthly Charges (₹)	Daily Charges* (₹)
1	Dormitory	₹18000.00	₹1000.00
2	Semi-Private Room	₹28000.00	₹2000.00
3	Private Deluxe Room	₹38000.00	₹3000.00
4	Nightingale Care Ward	₹40000.00	₹4000.00
5	Super DLX Room	₹65000.00	₹5000.00
6	DLX Luxury Suite (2000 sq.ft.)	₹150000.00	₹10000.00

- 1. The above are Base rates (termed Monthly Charges above) for Individuals.**
- 2. Rooms can also be used by Couples (as a Double Room) or on Twin-Sharing Basis (Semi-Pvt. Room).**
- 3. For Spouses staying as Couples, the charges will be 40% extra over the base rate however, this is not applicable in Dormitory where full charges for both will have to be paid.**
- 4. On Twin-sharing basis, each Residents will be entitled to a 20% rebate over the Base Rates in Private & Dlx Rooms.**
- 5. Whether on Individual, Couple or Twin-shared basis, Residents will be entitled to discounts as per their Admission Class.**
- 6. The Base Rates have been calculated on the present cost of inputs, and are liable to change in future based on inflation, (about 10% per year) However, any such changes will not be done before One Year.**
- 7. In case if Monthly package is discontinued, Payment will be refunded after deducting charges on daily basis.**

Guarantor's Signature

Date:

Mobile:



Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

www.longtermcare.net.in

FREE FACILITIES FOR ALL RESIDENT

PART A : GENERAL

1. **SECURITY** : Round the Clock
2. **GENERATOR / INVERTOR BACK-UP** : 24x7
3. **HOT & COLD RUNNING WATER** : 24 hours
4. **STANDARD MENU** : Morning & Evening Tea, Breakfast, Lunch and Dinner
5. **Basic CARETAKING/MAINTENANCE/HOUSEKEEPING**
6. **INTERCOM/EMERGENCY NURSING ALARM SYSTEM**
7. **LIBRARY**
8. **INDOOR/OUTDOOR GAMES**
9. **SPECIAL FUNCTIONS on Festivals/Occasions**
10. **FREE WIFI FACILITY**
11. **PHYSIOTHERAPY**

PART B : HEALTH/MEDICAL

1. **24 Hour standby AMBULANCE with Oxygen for Emergencies**
2. Standard **MEDICAL CHECK-UP** : Annually
3. **OPD** : Weekly
4. **DOCTOR'S ROUNDS** : Weekly for those unable to attend OPD
5. **PARAMEDICAL STAFF** available round the clock
6. **BEDSIDE SAMPLE COLLECTION** for Pathology investigations

PART C : OTHERS (BASED ON CLASS OF ADMISSION)

Sr. No.	Admission Class	COPPER	SILVER	GOLD	PLATINUM
1	Television	Free to Air	Free to Air	DTH	DTH of Choice
2	Newspapers*	At Dormitory/Library	1 as per choice	2 as per choice	3 as per choice
3	Magazines*	At Library	1 per week at Bedside	2 per week at Bedside	4 per week at Bedside
4	Hospitalisation**	2 days/ year	4 days/year	6 days/year	8 days/year

* For Newspapers & Magazines, Couples will be treated as Individual Resident only.

** Shall be provided in-house or at Aastha Hospice only, subject to the following conditions :

- a) Applicable only in Medical emergencies based on Doctor's advice.
- b) Applicable for ICU also.
- c) Includes free Resident Doctor's Consultation.
- d) Includes Zero Bed/Ward Charges.
- e) Excludes cost of Specialist Consultation, Medication, Investigations, Consumables and all other costs/charges.

(Guarantor's Signature)

(Co-Applicant's Signature)

(Applicant's Signature)


Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

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REBATES ON VARIOUS FACILITIES
BASED ON ADMISSION CLASS

Sr. No.	Admission Class	COPPER	SILVER	GOLD	PLATINUM
1	Rebate on Spouse Admission Fees	50.0%	75.0%	90.0%	95.0%
2	Monthly Charges	NIL	4.0%	10.0%	20.0%
3	Pathology etc	2.5%	5.0%	12.5%	25.0%
4	Oral Medication only (excludes injectibles)	1.5%	3.0%	7.5%	15.0%
5	(AC) Electricity Charges*	2000/pm	1500/pm	1000/pm	Free
6	Restaurant**	5.0%	10.0%	25.0%	50.0%
7	Catering Charges	7.5%	7.50%	15.0%	25.0%
8	Swimming Pool Charges	10.0%	30.0%	65.0%	Free
9	Card Room Charges	10.0%	30.0%	65.0%	Free
10	Guest Room for Visitors***	5.0%	10.0%	25.0%	50.0%

* AC Not Available in Dormitories /General Ward subject to change as per Electricity rates

** Against Advance Booking

*** Against Advance Booking and subject to availability.

REBATES BASED ON ADVANCE PAYMENT OF MONTHLY CHARGES

SI No	Payment Frequency	Rebate
1	Monthly	Nil
2	Quarterly	1.00%
3	Half-Yearly	2.50%
4	Annually	5.00%

These rebates are on net charges i.e., they shall be applied after all other applicable rebates.

(Guarantor's Signature)

(Co-Applicant's Signature)

(Applicant's Signature)



Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

Annexure"C"

www.longtermcare.net.in

FULLY PAID FACILITIES FOR ALL RESIDENT

PART A : GENERAL

1. Special Diet/Menu, or additional Food Items on regular basis
2. Additional Newspapers/Magazines
3. Travelling for Personal Works, Investigations, etc

PART B : HEALTH/MEDICAL

1. DOCTOR ON CALL
2. HOSPITALISATION CHARGES
3. PERMANENT BEDSIDE NURSING AID/MEDICAL ATTENTION
4. SPECIALIST CONSULTATION
5. REHABILITATION

PART C : ON SPECIAL TIMINGS/DAYS

1. SALON : Ladies/Gentlemen
2. Dry Cleaning/Laundry for Personal belongings
3. Tailoring Services

PART D : AGAINST ADVANCE BOOKING

1. Special Meals/Catering
2. Chauffeur Driven Vehicles
3. Excursions/Picnics
4. Guest Rooms for Visitors (subject to availability)
5. Pick-up and/or Drop - Airport/Railway Station

PART E : OTHERS

1. ANY OTHER EXPENSES NOT COVERED IN ANNEXURES 'A' AND 'B'
2. ANY ADDITIONAL EXPENSES OVER AND ABOVE SPECIFIED FACILITIES MENTIONED AT ANNEXURES 'A' AND 'B'

(Guarantor's Signature)

(Co-Applicant's Signature)

(Applicant's Signature)



Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

APPLICATION FOR ADMISSION (INDIVIDUALS)

CLASS OF ADMISSION :	<input type="checkbox"/> COPPER	<input type="checkbox"/> SILVER	<input type="checkbox"/> GOLD	<input type="checkbox"/> PLATINUM
TYPE OF ACCOMODATION:	<input type="checkbox"/> DORMITORY	<input type="checkbox"/> SEMI-PRIVATE	<input type="checkbox"/> DELUXE Pvt.	<input type="checkbox"/> NIGHTINGALE
OPTIONS (excluding for Dormitory) :	<input type="checkbox"/> SUITE / S. DLX.	<input type="checkbox"/> INDIVIDUAL (SINGLE OCCUPANCY)	<input type="checkbox"/> TWIN-SHARING	

PART A: GENERAL

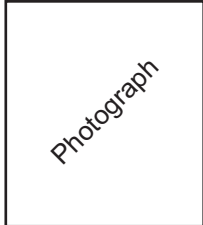
1. Name of Applicant

2. Father's/Husband's Name

3. Date of Birth

4. PAN No. of Applicant Self-attested Copy of PAN Card

5. Address (A) Permanent (B) Present



Telephone/Mobile No. _____

Email Address _____

6. Marital Status Married Never Married Widow/Widower Divorced

7. Name of Spouse (if applicable)

8. Educational/Professional Qualifications _____

9. Previous Work details Govt Service Private Service Self-employed Business Others

Details of Last Employer/Position held _____

Name, Nature of Business/Self-employment _____

Other Relevant details _____

10. Why do you want to Stay at Assisted Living Aastha Pvt. Ltd. Facility ?

11. What are your Hobbies/Interests ? _____



Assisted Living Aastha Pvt. Ltd.

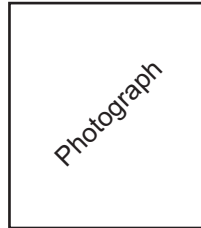
4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

APPLICATION FOR ADMISSION (COUPLES)

CLASS OF ADMISSION :	<input type="checkbox"/> COPPER	<input type="checkbox"/> SILVER	<input type="checkbox"/> GOLD	<input type="checkbox"/> PLATINUM	
TYPE OF ACCOMODATION:	<input type="checkbox"/> SUITE	<input type="checkbox"/> DORMITORY	<input type="checkbox"/> SEMI-PRIVATE	<input type="checkbox"/> DELUXE Pvt.	<input type="checkbox"/> NIGHTINGALE

PART A: GENERAL



(Co-Applicant's Signature)

1. Co-applicant Name

3. Father's/Husband's Name

4. Date of Birth

5. PAN No. (Attach Copy)

6. Address (A) Permanent	(B) Present
<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>

Telephone/Mobile No.

Email Address

7. Qualifications

8. Occupation - Service/Self-Employed/Business/Others

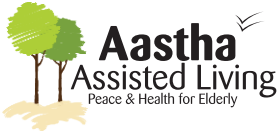
Details of Occupation

9. Why do you want to Stay at Assisted Living Aastha Pvt. Ltd. Facility?

10. What are your Hobbies/Interests?

(Applicant's Signature)

(Co-Applicant's Signature)
contd. ...2



Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

APPLICATION FOR ADMISSION

PART B: FINANCIAL INFORMATION/GUARANTOR'S DETAILS (IF APPLICABLE)

I. In case you propose to pay yourself, please state your annual income : Rs _____ per Year
 Please attach Last Income Tax Return Audited Balance Sheet etc/ Bank Statement of last 12 months

II. In case someone else is guaranteeing payment please furnish the following details:

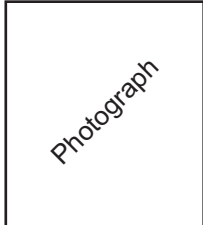
1. Name of Guarantor

2. Relation with Applicant

3. PAN No of Guarantor Self-attested Copy of PAN Card

4. Annual Income of Guarantor Rs _____ per year

Please attach Last Income Tax Return Audited Balance Sheet / Bank Statement of last year



5. Address (A) Permanent _____ (B) Present _____

Telephone/Mobile No. _____

Email Address _____

6. If Granted Admission, how do you or your Guarantor propose to pay the monthly/other charges?

7. Please tick the frequency and mode of advance payments most convenient for you?

FREQUENCY

- Monthly
- Quarterly (and avail 1% rebate)
- Half-Yearly (and avail 2.5% rebate)
- Annually (and avail 5% rebate)

MODE

- Cash
- Cheque/Card
- demand Draft/Banker's Cheque/Net Banking
- Bank Transfer through ECS/Standing Instructions

(Guarantor's Signature)

(Co- Applicant's Signature)

(Applicant's Signature)

Place :

Date:



Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

APPLICATION FOR ADMISSION

PART C : DETAILS OF NEXT OF KIN/PERSON(S) TO BE CONTACTED IN EMERGENCIES

1. Details of Nearest Relative/Local Person to be contacted for your support in emergencies:

Name of Next of Kin/Legal Heir

Relation with Applicant

Contact Address Telephone / Mobile No.

Email Address

2. Name of Next of Kin/Legal Heir

Relation with Applicant

Contact Address Telephone / Mobile No.

Email Address

3. Name of Next of Kin/Legal Heir

Relation with Applicant

Contact Address Telephone / Mobile No.

Email Address

4. Name of Next of Kin/Legal Heir

Relation with Applicant

Contact Address Telephone / Mobile No.

Email Address

(Co- Applicant's Signature)

(Applicant's Signature)



Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

APPLICATION FOR ADMISSION

PART C : DETAILS TO HELP US IN TAKING CARE OF YOU

- 1. Do you have any Medical/Health Insurance? Yes No If yes, attach photocopies with all details
- 2. Are you covered under any scheme or any TPA/Insurance Yes No If yes, attach photocopies with all details
- 3. In case of Medical Emergencies, where would you like to be treated (please rank in order of preference)?

First _____

Second _____

Third _____

Fourth _____

Fifth _____

- 4. Please furnish any other information you think is necessary or pertinent for your wellness

- 5. Please enclose the following :

- Medical Fitness Certificate from a Registered Medical Practitioner
- Standard Pathology Investigation Reports (CBC, LFT, KFT, EKG, HBA1C, Blood Group, Viral Markers, RTPCR Covid-19)
- Your Medical History File

PART D : DETAILS OF PAYMENT

1. ADMISSION FEES : Rupees _____

Cash vide Receipt No _____ Dated _____

Instrument # _____ Drawn on _____

_____ Dated _____

2. Security Amount Details _____

3. Month 1st Payment Details _____ From _____ Upto _____

(Co- Applicant's Signature)

(Applicant's Signature)
cont. ...5



Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

NOMINATION FORM

I/We, undersigned hereby nominate the following person(s) to receive the refund of the Security amount deposited with Assisted Living Aastha Pvt. Ltd., after adjustment of dues, if any:

Sl No	Name(s) of the Nominee(s)	Age	Relationship	% of Refund	Address, Name of Bank & Account No & Email ID

(Witness's Signature)

(Applicant's Signature)

(Applicant's Signature)

Place:
Date:

(Countersigned by Guarantor)



Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

Admission Form- Long Term Care

Reg No. _____ Date of Admission: _____

Personal Details:

Name of Resident 1. _____ 2. _____ Age: _____

Father's/Husband Name _____

Address _____

Class of Admission _____

Name of Guardian _____

Contact Details Guardian _____



Accommodation Type _____

Relation _____

Medical Details:

Physical Status _____

Medical History _____

Any other Information _____

Payment Details

Accommodation Type _____

Package Charges _____

Other Charges _____

Total _____

For Office Use

1. One Time Admission Charge Details Type:	Amount	Mode of Payment:	Receipt No.
2. Security Details:	Amount	Mode of Payment:	Receipt No.
3. Monthly Package All Inclusive :	Amount	Mode of Payment:	Receipt No.
4. Date of commencement of contract _____			

Notes: _____

Annexures: _____

Special Instruction : _____

Note: Cost of Medicines, investigations, Consumables (Catheter, Diaper, Feeding Tubes, Dressing material, etc.), Personalized Nursing and Specialist visits are chargeable extra as per actual. Monthly package charges paid for one month in advance is non refundable.

Signature of Administrator

Signature of Resident/Guardian

Date.....

Application For Admission

PART F : TERMS & CONDITIONS, RULES & REGULATIONS AND CODE OF CONDUCT FOR RESIDENTS TERMINOLOGY

1. In the context of this application document, schedules and annexures here to, certain terms have their meanings defined as given below:
 - a) An Applicant means the Individual applying for Admission, a Co-applicant means the Spouse of the Applicant (where applicable), and a Guarantor means the person undertaking to guarantee the payments in full or instalments if the Applicant/Co-Applicant are unable to bear the said expenses. A Resident means a person whose application has been approved by the Management of the Assisted Living Aastha Pvt. Ltd. Facility and who has deposited the requisite **Fee** and Security/Advance, etc, as per Schedule I and III, respectively.
 - b) The Management means the Management of Assisted Living Aastha Pvt. Ltd. Facility.
 - c) Aastha Hospice means Aastha Centre for Geriatric Medicine, Palliative Care Hospital, Hospice & Social Welfare Society.

ADMISSION RELATED ISSUES

2. **ENTITLEMENT TO ADMISSION:** Grant of Admission is at the sole discretion of the Management, but any person who wants to become a Resident he/she must fulfill the basic eligibility criteria as under:
 - a) The individual is over the age of 50 years on the date of application.
 - b) The person does not have a criminal record, and is not insolvent or insane.
 - c) One who does not have any addiction and does not has communicable disease.
 - d) The applicant has submitted all relevant documents and information herein.
3. **RIGHTS:** On acceptance, a Resident shall be entitled to the following:
 - a) Type of Accommodation (refer Schedule II hereto) as opted by the applicant and allotted by the Management.
 - b) Free/discounted/paid facilities /amenities as enumerated at annexure 'A' 'B' and 'C' respectively at no time shall any of the free facilities be withdrawn, unless on medical /health grounds /and subject to force majeure clause. The said Annexures 'A' and 'B' have been countersigned by an authorized signatory of Assisted Living Aastha Pvt. Ltd. Facility as confirmation of this clause.
 - c) Resident have the right to upgrade their Class of Admission.
 - d) Resident have the right to upgrade/downgrade their type of accommodation subject to availability and Management's approval.
4. **CESSATION:** An Admission will be deemed to have ceased in the following events:
 - a) On grounds of concealment or distortion of facts or information provided herein by the Applicant, Co-Applicant and/or Guarantor.
 - b) On a Residents demise; however, in case both spouses are Residents, the Admission and other benefits of one spouse will not cease on the demise of the other spouse.
 - c) On expulsion from the Admission due to non-adherence of the relevant contents here of.
 - d) On grounds of insanity.
 - e) On grounds of insolvency.
 - f) On non payment of monthly charges for two months.
5. **TRANSFER OF ADMISSION RIGHTS:** The Admission is strictly non-transferable.

Signature of Guarantor

Signature of Co-Applicant

Signature of Applicant

Application For Admission (contd)

5. CODE OF CONDUCT

Residents are expected to deport themselves in a manner befitting Ladies and Gentlemen and therefore:

- All Residents are required to maintain personal hygiene and to be appropriately dressed at all times.
- All Residents are required to maintain proper social behavior with other Residents, Staff and Management of the Company. Complaints, if any, are to be noted in the suggestions/complaint book and appropriate action will be taken by the Management.
- No Residents shall use any threats, offensive word(s) or language nor shall engage in disputes or in show(s) or act(s) of violence.
- No Resident is permitted to litter, spit or do any such act which may spoil the environs.
- Use of Tobacco, Intoxicants (including Alcoholic beverages, non-prescribed drugs) and self-medication is strictly forbidden.
- No Residents is permitted to do anything to attract the provision(s) of the Indian Penal Code or to indulge in any activity detrimental to the interest of any other Resident (s), Company.
- No Residents is permitted to preach, proselytize, or otherwise impose one beliefs on other Residents, Staff and Management.
- No Residents is permitted unauthorized usage of the Admission Card which is for use of the Resident to whom the Card has been issued. All disputes are subject to Lucknow Jurisdiction only.

6. FINANCIAL ISSUES

- Residents are required to pay their monthly charges in advance. In case of late payment, the Management retains the right to impose a fine of Rs 3000/- or 8% of the outstanding amount per month, whichever is higher.
- In case of upgrade as mentioned at Paragraph 3c and 3d preceding, the Resident will have to deposit the additional Fees/security as mentioned at Schedule II hereof. In case of downgrade, the difference in security deposit will not be refunded in cash, but shall be adjusted against dues.
- The Management may impose suitable fines for the first instance violation of any clause hereof; repeat of violations may lead to suspension or termination of Admission. Fines so imposed will have to be deposited within one week of intimation.
- On cessation of Admission due to demise of a resident, the Security will be refunded to the Nominee(s) as per the Nomination Form duly signed and witnessed.
- The Management has the right to increase the Fees, charges, etc, based on the costs of inputs or at its discretion.
- Charges/Tariffs/Fees for various discounted/paid facilities will be fixed by the Management from time to time;
- In case there is loss or damage to the Admission Card, a duplicate will be issued on payment of Rs 500.00 each time. All disputes are subject to Lucknow Jurisdiction only.
- All payments by negotiable instruments (e.g., Cheques, Demand Drafts, Net Banking etc) are to be made to "Assisted Living Aastha Pvt. Ltd.

Bank A/c Detail for RTGS

Ac.Name : Assisted Living Aastha Pvt. Ltd.
Ac. No. : 681020110000605
Bank : Bank of India
Branch : Aliganj PR
Br. Address : Pragiti Kendra, Aliganj
Lucknow, UP.
IFSC Code : BKID0006810
MICR CODE : 226013004
Account Type: Current

PAN No. AABCK7931L
TAN No. LKNK06374E

Application For Admission (contd)

7. GENERAL

- a) No Resident is permitted to make alterations, modifications, additions or constructions of any nature whatsoever anywhere in the premises, unless with prior written consent of the Management No defacement or damage of property is permissible under any circumstances.
- b) No Resident is permitted to keep any pet anywhere in the Institution unless with prior written permission of the management however, no pet will be allowed in the rooms/ward/dormitories but shall be accommodated by the management in separate quarters subject to payment for their upkeep. Small aquarium may be permitted in accommodation by the management, subject to its terms and conditions.
- c) It is absolutely forbidden for any Resident to feed, water or otherwise disturb and/or harm the fauna at Assisted Living Aastha Pvt. Ltd.
- d) No Residents shall pluck flowers, fruits, vegetables or leaves and shall not uproot, damage, cut, lop, or otherwise cause any damage to the flora at Assisted Living Aastha Pvt. Ltd.
- e) Potted plants are allowed in accommodation / Balconies attached with prior permission.
- f) The Management shall not be liable for or entertain any claim in respect to any theft, loss or damage to property of any Resident or Guest(s), or for any injury sustained by the Resident or Guest(s) arising out of any mishap or accident occurring even within the Assisted Living Aastha Pvt. Ltd.
- g) Resident using Swimming Pool or Card Room for games of skill will abide by the Rules, etc, pertaining to the facility.
- h) This Admission will be limited to Assisted Living Aastha Pvt. Ltd. (a company incorporated under the Indian companies Act, 1956). All disputes are subject to Lucknow Jurisdiction only.
- i) Residents are requested to carry their Admission Card to avail of the concessions / facilities.
- j) The Management, at its discretion, reserves the following rights:
 - I) To grant Admission against valid application.
 - ii) To decide, modify, revise and/or amend all matters relating to policies, protocol, services, t i m i n g s , holidays, pricing, operations, outsourcing, tie-ups, pricing, departments, administration, security, and/or any other matter concerning the management of the Assisted Living Aastha Pvt. Ltd. Facility and the wellness of its Residents, Staff and Management.
 - iii) To sell, transfer, outsource or otherwise dispose of the Assisted Living Aastha Pvt. Ltd. Facility to any other legal person with the provision that the rights of the Resident are protected.
 - iv) To add further facilities and/or undertake any measures related to the well-being of the Residents.
 - v) To create additional class of Admission(s) with options for existing Resident to migrate to the newer class/classes of such Facility subject to then prevailing terms and conditions.
 - vi) To act in any manner or matter whatsoever for the improvement/betterment of the Assisted Living Aastha Pvt. Ltd. Facility its Resident and Staff.
 - vii) To adopt and implement any strategy/strategies or otherwise take any action for the well being of the Assisted Living Aastha Pvt. Ltd. Facility and all its constituents.

Application For Admission (contd)

DECLARATION/UNDERTAKING
(with regard to Application for Admission)

1. I/We, hereby declare that the information given by me/us is true to the best of our knowledge and belief and no facts have been concealed or distorted. I/We, further declare that the self-attested photocopies are true replicas of original documents.
2. I/We, have read OR It has been explained to me/us in the vernacular and I/we have understood the relevant terms, conditions, rules, regulations, code of conduct, etc, as mentioned in relevant portions of the Application along with its Schedules and Annexures, hereby undertake to abide by the same.
3. I/We have been properly informed that we are admitting our Patient / elder to the Assisted Living Aastha Pvt. Ltd. Facility. for old age care and long term care, as the Residents can't be Managed at home and needs institutionalized care.
4. In case of any mishappening or death of our Patient / Elder/ Residents due to illness / old age/ other reason neither organization nor staff will be held responsible for the same.

Signature of Applicant

Name of Applicant

Signature of Co-Applicant

Name of Co-Applicant

Place : Lucknow

Signature of Guarantor

Date : _____

Name of Guarantor



For Office Use only

Selected for Admission : Yes/No

If yes, Admission No _____

If No, Details of Refund : Cheque No. _____ dated _____ for Rs _____ vide _____

Voucher No _____

Authorised Signatory



Assisted Living Aastha Pvt. Ltd.

4.5 km on Gudamba Marg, Churaman Purva, Rasoolpur Saadat, Near Kukrail Picnic Spot, Lucknow-226028 U.P.

Department of Long Term Care and Senior Services.

**EMERGENCY MEDICAL SERVICES / PREHOSPITAL
DO NOT RESUSCITATE (DNR) FORM**

An advance request to Limit the Scope of Emergency Medical Care

DO NOT RESUSCITATE CONSENT

I/We, _____ S/o _____

D.O.B. _____ R/o _____

I, hereby we all together fully understand the meaning of the term - DNR i.e. Do Not Resuscitate. If my heart stops, If my breathing stops. Please Do Not restart the breathing or heart beat using temporary or permanant methods.

I/We, _____, request limited emergency care as herein described.

I/We, understand DNR that means if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I/We, understand this decision will not prevent me from obtaining other emergency medical care by prehospital emergency medical care presonnel and/or medical care directed by a physician prior to my death.

I/We, understand I may revoke this directive at any time by destroying this form and removing any "DNR" medallions.

I/We, give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I/We, hereby agree to the "Do Not Resuscitate" (DNR) order.

Patient/Surrogate Signature

Date

Surrogate's Relationship to Patient

I/We, affirm that this patient/surrogate is making an informed decision and that this directive is the expressed wish of the patient/surrogate. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotoxic medications are to be initiated.

Physician Signature

Date

Print Name

Telephone

Address

PREHOSPITAL DNR REQUEST FORM

सहमति पत्र

हम/मैं.....

अपने मरीज.....आयु.....

पता.....

को Assisted Living Aastha Pvt. Ltd. (Old Age Home) में अपनी इच्छा से देखभाल

और सेवा के लिए भर्ती करा रहा हूँ / रही हूँ। वृद्धाश्रम में निवास के दौरान यदि हमारे मरीज के तबीयत

खराब होती है, दुर्घटना या किसी कारणवश उनकी मृत्यु हो जाती है तो उसकी जिम्मेदारी संस्था या वहाँ

कार्य कर रहे कर्मचारी की नहीं होगी।

दिनांक..... समय..... अभिभावक अथवा तीमारदार के हस्ताक्षर

पूरा नाम :

मोबाइल : 1.2.

पता :

.....



Aastha Geriatric Centre & Hospice, Wins National Award '**Vayoshrestha Samman**' for outstanding service in the field of ageing (**Geriatrics**), awarded by **Hon. President of India** at New Delhi on October 1st 2016.

On 1st of October 2016, on the occasion of Elder's day Ministry of Social Justice & Empowerment awarded Vayoshrestha Samman for eminent individuals and institutions involved in distinguished service for the cause of elderly people, especially indigent senior citizens. Aastha Centre for Geriatric Medicine, Palliative Care Hospital, Hospice & Social Welfare Society, stood first all across India under the category

"Ageing, Geriatrics, old age home, specialised old age hospitals & issues related to old age are my passion and I have been working on these issues for over a decade now"

Dr. Abhishek Shukla

"Best Institution for providing services to Senior Citizens and Awareness Generation".

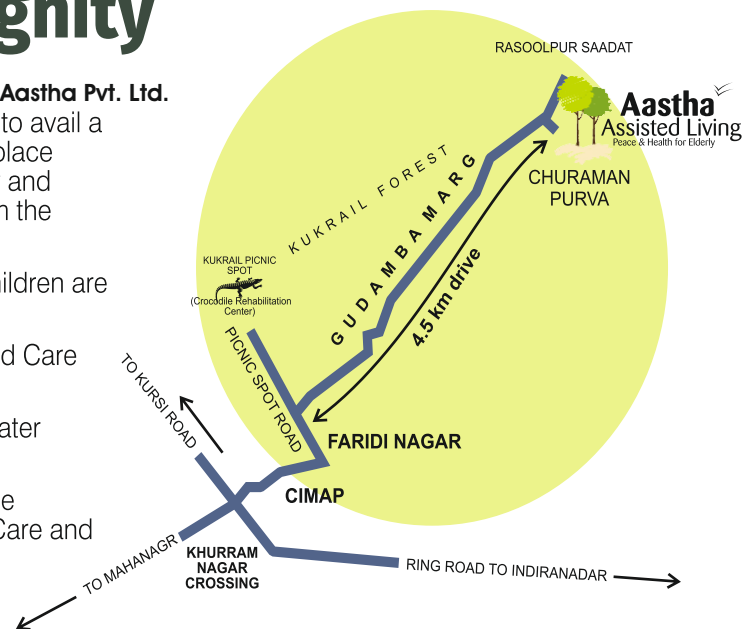
The Award was presented by the honourable President of India in New Delhi, to the Founder & Medical Director of Aastha Dr. Abhishek Shukla, MD for rendering distinguished services in the field of Ageing. Award included Citation, Memento & cash award worth Rs. 5.0 lakhs.



Live with Care & Dignity

Aastha Assisted Living is a venture of **Assisted Living Aastha Pvt. Ltd.** developed as a tranquil sanctuary for Senior Citizens to avail a dignified life, beyond the mercy of a care giver. It's a place where an elder can lead an active life, both physically and socially in a salubrious natural environment away from the maddening crowd of the city. It offers:

- An Ideal setting for individuals or couples whose children are staying abroad or far away.
- All modern facilities/amenities, Security, Comfort and Care without worrying about cooking or cleaning.
- Worship Place amidst Lush lawns, Rose garden, Water bodies, Aviary with exotic flora and fauna.
- A wide range of services for the terminally ill or those requiring long term care / assisted living / Dementia Care and Rehabilitation.



EMERGENCY CONTACT

Name of the Relative _____ Relation _____

Phone/Mobile _____

Address _____

Email: _____

Date of Admission: _____



4.5 km on Gudamba Marg, Churaman Purva,
Rasoolpur Saadat, Near Kukrail Picnic Spot
Lucknow-226028 / Email: aasthaassistedliving@gmail.com
Phone : 8687515050, 7505925520
Helpline : 7275 22 22 22