

**WEST SUSSEX HOUSING SOCIETY LIMITED**

**ADMISSION FORM**

**Romans Care Home**

Name of Service User:..... Date of Birth:.....

Date of Admission:..... NI Number:.....

Name of Social Worker:..... Telephone Number:.....

**Funding**

West Sussex Housing Fee Levels (Band)	A	B	P
Self Funding			
West Sussex County Council			
East Sussex County Council			
Brighton and Hove			
Amount of Top Up Fee to be Paid			
Person Paying Top Up Fee Name Address Telephone Number	Relationship to Service User		

12 Week Property Disregard      YES / NO

	Direct Debit	Cheque	Invoice Required?
Payment Direct By Service User			
Payment By Relative (please give details below)			
Name Address  Telephone Number			

Financial assistance given by a Local Authority or County Council may vary and may not meet the full amount of our fees. Should this be the case, a top up fee will be requested and will be subject to a periodic review.

**Please note:**

The top up amount must be funded by someone other than the Service User. Should a self-funding Service User need to become financially assisted by a local authority in the future, a top up fee will be requested at that time.

West Sussex Housing Society makes a bi-annual review of its fee structure. You will be notified at least one month prior to any changes being applied. Should the care needs of the Service User increase, this may have a bearing on the fee being paid. The Registered Manager will carry out an assessment and invite you to a meeting to discuss the outcomes, which may include re-banding of the Service User.

**Declaration**

I agree to pay fees one 28 days in advance and meet any shortfall in the total cost of care caused by any variation. I understand that failure to pay the agreed amount of fee may result in West Sussex Housing Society considering termination of residence.

Signed:..... Service User/Relative      Date:.....

Signed:..... Manager / Staff Member      Date:.....