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Government Approved & Licensed

This form is in 3 sections. Please read all sections carefully and provide all the required information, then sign and date the form before emailing it back to us.

Section 1 – Our on-boarding process

We take our responsibilities to the elders entrusted us as well as their relatives extremely seriously. That is why we have a comprehensive on-boarding process for the various services that we provide.

Below is a summary of the process:

1. The process kicks off with the completion by the elder or their relative of this initial questionnaire.
2. The completed questionnaire is returned via WhatsApp or emailed to us at care@atitaju.com.
3. After we review the completed questionnaire, we provide an approximate costing of the care required by the elder.
4. A commitment fee equivalent to the cost of one month's care is paid by the elder or their relatives.
5. We then have detailed phone discussions with the elder and/or their relative and book a date/time for the full care assessment. This can take place either in the elder's own home (for home care service provision) or in our Luxury Living facility (for residential care provision).
6. Following the full assessment, we draw up a comprehensive care plan which is then discussed with both the elder and their relative(s).
7. Full cost implications are also discussed and payment arrangements agreed.
8. Once the first agreed payment is confirmed received, a full medical examination with relevant tests is arranged.
9. Following the medicals, provision of the selected service commences after any emerging information from the medicals has been discussed with the elder and their relative(s).
10. There is a monthly review meeting/discussion with the elder's relative(s) for the first three months, after which there are quarterly meetings, unless there are matters needing to be discussed more frequently.

Section 2 - Basic information on the elder needing care

Tick or write as required. All questions must be answered.

1. Title, then name (SURNAME, First Name, Other Names):

2. Marital status: Married ☐ Divorced ☐ Separated ☐ Widowed ☐

3. Age (in years): _____ 4. Sex: Male ☐ Female ☐

5. Home address: _____

6. Current location (if different from home address): _____

7. Ethnicity: Yoruba ☐ Hausa ☐ Ibo ☐ Other (specify) _____

8. Current care arrangements:

- a. None ☐
- b. Cared for by family members at home ☐
- c. Cared for by non-agency carers at home ☐
- d. Cared for by agency carers at home ☐
- e. Cared for in a residential home ☐

9. Do you have trouble with control of your bladder? Yes ☐ No ☐

10. Do you have trouble with control of your bowels? Yes ☐ No ☐

11. How many times have you fallen in the last 1 year? _____

12. Do you suffer from any of the following?

- | | | | | | | | | | |
|---|-----|--------------------------|----|--------------------------|----------------------|-----|--------------------------|----|--------------------------|
| a. Diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | b. Hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Eye problem | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | d. Hearing problem | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Dental problems | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | f. Stroke/TIA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. Sleep problems | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | h. Arthritis | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i. Difficulty moving around | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | j. Chronic back pain | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| k. Difficulty in remembering or retaining information | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |

13. What other health problem(s) do you have at this time? _____

14. What medications and/or treatments are you currently taking? _____

15. How many times have you been admitted into a hospital in the last one year? _____

16. Past Medical and Surgical History including allergies, medications and treatments: _____

17. Type of care interested in: Care in your own home ☐ Care in our Luxury Living facility ☐

18. How will your care be paid for? _____

19. Full name of next of kin: _____

20. Home address of next of kin: _____

21. Phone numbers of next of kin: _____ 22. Email: _____

23. Occupation of next of kin: _____

Section 3 – Service Level Items

Our Luxury Senior Living (residential care) services include:

- ✓ Superb single-occupier room
- ✓ 3 x healthy meals and snacks a day
- ✓ Caregiver services 24/7
- ✓ Personal grooming
- ✓ Regular skin care
- ✓ Domestic services
- ✓ Housekeeping services
- ✓ 24/7 electricity
- ✓ Toiletries
- ✓ Monthly doctor's assessment
- ✓ Daily fun and games
- ✓ Weekly entertainer's visit
- ✓ Local outings within neighbourhood
- ✓ Special secure video link

There are four service levels, with different costs. To give families a baseline for planning, the costs start at ₦295,000 per month for Needs Level 1 in the lowest cost room type. The comprehensive price matrix is included in the information pack.

Important Notes (Please see the accompanying Initial Information document for further details)

1. * The actual amount payable for care by (or on behalf of) an elder will vary, depending on
 - a. Their assessed needs and the resulting comprehensive care plan.
 - b. The specifications of the accommodation that they choose.
2. To get the maximum possible discount, payment of agreed amount may be made for 1 year in advance before commencement of service.
3. Lower discounts are available for six-monthly and quarterly payment cycles.
4. Items paid for separately are listed in the comprehensive price matrix.

Section 4 - Confirmation

Please **agree with all the four statements below** by ticking the respective boxes.

☐

I have read and understood Section 1 of this form.

☐

I have completed Section 2 of this form. All questions have been answered and the information provided is accurate and truthful.

☐

I have read and understood Section 3 of this form.

☐

I hereby confirm that I have the financial resources to pay for the services being requested, for as long as the services are needed.

Signature & name of person completing this form

Date form was completed

***** After completing this form, please scan or snap and email it to care@atitoju.com *****