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Caring to United Kingdom Standards

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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 emailed to us at [care@atitaju.com](mailto:care@atitaju.com).
3. After we review the completed questionnaire, we have detailed phone discussions with the elder and/or their relative and book a date/time for the full 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).
4. Following the full assessment, we draw up a comprehensive care plan which is then discussed with both the elder and their relative(s).
5. Cost implications are also discussed and payment arrangements agreed.
6. Once the first agreed payment is confirmed received, a full medical examination with relevant tests is arranged.
7. 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).
8. 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                                   | <input type="checkbox"/> |
| b. Cared for by family members at home    | <input type="checkbox"/> |
| c. Cared for by non-agency carers at home | <input type="checkbox"/> |
| d. Cared for by agency carers at home     | <input type="checkbox"/> |
| e. Cared for in a residential home        | <input type="checkbox"/> |

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  No  b. Hypertension Yes  No

c. Eye problem Yes  No  d. Hearing problem Yes  No

e. Dental problems Yes  No  f. Stroke/TIA Yes  No

g. Sleep problems Yes  No  h. Arthritis Yes  No

i. Difficulty moving around Yes  No  j. Chronic back pain Yes  No

k. Difficulty in remembering or retaining information Yes  No

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 – Indicative Cost of care\*

**Our Luxury Senior Living (residential care) services include:**

- ✓ Full board multi-star hotel-style accommodation with private en-suite rooms
- ✓ Assisted living including personal care
  - Assistance with bathing, washing, and general grooming
  - Assistance with dressing and undressing
  - Assistance with incontinence challenges
  - Caring for skin generally and pressure areas specifically
  - All meals and multiple healthy snacks, tailored to the elder's needs and dietary requirements
  - Medication reminders and overall medicine management and support
  - Assistance with morning and evening routines for getting out of and into bed safely
  - Laundry and housekeeping
  - Guaranteed 24-hours electricity
  - Guaranteed potable water supply for all needs
  - Monthly medical check-up by qualified Medical Doctor
  - Monthly assessment and necessary intervention by Physiotherapist
- ✓ Within our secure residential premises in a serene gated estate
- ✓ For elders with or without frailty or functional impairment
- ✓ Lots of opportunities for mental and social stimulation among peers
- ✓ To maintain and improve physical, mental and emotional well-being
- ✓ Dignified assistance with activities of daily living by superbly trained and empathetic staff
- ✓ Structured and unstructured daily living routines as applicable to each individual and specified in their bespoke comprehensive care packages
- ✓ Regular games, recreation, entertainment by visiting entertainers and outdoor visits to nearby parks
- ✓ Independent remote monitoring facility for families anywhere in the world via our own purpose-built secure audio-video technology platform.

**Average rates could be as low as ₦220,123.08 per week.** This works out as ₦953,866.68 per month, ₦2,861,600.04 per quarter or ₦11,446,400.16 per year.

**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. *Payment of agreed amount must be made for 1 year in advance before commencement of service, unless a quarterly or six-monthly payment cycle has been agreed beforehand instead.*

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](mailto:care@atitoju.com) \*\*\*\*\*