



	Male	Female
Local guardian  (If parents/family living outside National Capital Region)	Name:  Address:  Phone :  Email:	Mobile:  PAN No:
Family/individual annual income		
Details of person responsible for making payments to Richmond Fellowship Delhi Branch	Name:  Address:  Phone :  email :	Mobile:  PAN No:
Any history of:	Attempted suicide:  Running away from home:  Indulging in anti-social activities/violation of law:  Violence: Verbal/Physical  Unwillingness to take medication:	
History of mental illness in the family, if any		
How is person's mental illness affecting other family members?		
Any serious or chronic physical illness		
Any communicable disease or transmissible problem which can affect others		

Reasons for seeking admission to the Richmond Fellowship Society (I), Delhi Branch													
Previous work history	Last occupation: Name of office/company: Nature of work: Work performance: Reason for discontinuation (if discontinued): Further details, if any: If unemployed, specify duration:												
Plans after discharge from the facility.													
Areas of therapeutic intervention you would like to be addressed	<table border="0"> <tr> <td>Personal hygiene</td> <td>Social Skills</td> </tr> <tr> <td>Interpersonal Relationships</td> <td>Money Management</td> </tr> <tr> <td>Work habits</td> <td>Leisure activities</td> </tr> <tr> <td>Time management</td> <td>Family therapy</td> </tr> <tr> <td>Marital therapy</td> <td>Home management skills</td> </tr> <tr> <td>Crisis management</td> <td>any other</td> </tr> </table>	Personal hygiene	Social Skills	Interpersonal Relationships	Money Management	Work habits	Leisure activities	Time management	Family therapy	Marital therapy	Home management skills	Crisis management	any other
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Work habits	Leisure activities												
Time management	Family therapy												
Marital therapy	Home management skills												
Crisis management	any other												

Enclosures:

1. Two photographs of patient – one passport size & one post-card size. ID proof (Adhaar card/ PAN/Voter ID, Disability certificate- if any)
2. Declaration of understanding and acceptance of terms & conditions by patient as well as parent or closest blood relative. If parents/family are not residing in National Capital Region, this should also be signed by a local guardian. The declaration should also be signed by person responsible for making payments.
3. Psychiatrist's referral form
4. Cheque for amount of Rs. 500/- towards Processing Fee drawn in favour of "The Richmond Fellowship Society (India) Delhi Branch" payable at Greater

Noida



Brief family history													
Family's attitude towards patient													
Enclosures (Tick applicable, if any)	Court and social enquiry report Clinical psychologist's report Educational assessment Medical reports pertaining to physical problems Any other relevant reports												
Areas of therapeutic interventions you consider necessary	<table border="0"> <tr> <td>Personal hygiene</td> <td>Social Skills</td> </tr> <tr> <td>Interpersonal Relationships</td> <td>Money Management</td> </tr> <tr> <td>Work habits</td> <td>Leisure activities</td> </tr> <tr> <td>Time management</td> <td>Family therapy</td> </tr> <tr> <td>Marital therapy</td> <td>Home management skills</td> </tr> <tr> <td>Crisis management</td> <td>any other</td> </tr> </table>	Personal hygiene	Social Skills	Interpersonal Relationships	Money Management	Work habits	Leisure activities	Time management	Family therapy	Marital therapy	Home management skills	Crisis management	any other
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Any additional information, considered useful for treatment of patient													

### RECOMMENDATION

Mr./Mrs./Miss \_\_\_\_\_ has been under my care since \_\_\_\_\_.

I recommend that this patient be admitted to Halfway Home/ Long Stay Home and Day Care Centre of The Richmond Fellowship Society (India) Delhi Branch.

I am willing to continue providing psychiatric support to the patient on regular visits to my clinic/hospital. In case of any emergency he/she can be attended by a local psychiatrist..

Signature with Stamp  
Name:

**Declaration of Understanding and Acceptance of the conditions pertaining to the admission for a residential stay at RFS (I) Halfway Home/Long Stay Home at Greater Noida**

(To be signed by Parent. If parent is not a resident of NCR, a Local Guardian from NCR should also sign).

1. Payments are required to be made as under by draft/cheque payable in NCR drawn in favour of “RFSI, Delhi Branch”.

a	Processing Fee	Rs. 500/-	To be given along with Admission Form
b	Refundable deposit	Rs. 1,00,000/- for Halfway Home Rs.5,00,000/- for Long Stay Home	One time deposit on admission returnable after discharge of patient and clearance of dues.
c	Monthly Charges for food, accommodation, and professional support at Halfway Home/Long Stay Home	Rs 40,000/-	Payable in advance before start of every month
d	Pocket Money and Medicines for patient	Rs 5,000/-	Initial amount. Further amounts are to be paid as per actual expenses.
e	Membership	Rs. 2,000/-	Members can attend Annual Meeting of the Branch and General Body Meeting of National Board besides other privileges as per rules. The voting right is restricted to Ordinary Members only.

Fee structure would be reviewed periodically and would be revised, if considered necessary. Irrespective of the rates mentioned above, the fees will be charged at rates prevalent at the time of payment.

Hospitalization expenses, if any, will be the responsibility of the parents/carers/ local/legal guardian .

Failure to meet the financial obligations will result in the resident being given notice to leave.

2. The fact that the resident member is temporarily in the care of the Richmond Fellowship Society (India), Delhi Branch (Vishwas) offers no protection under law. Illegal acts including attempted or actual suicide, while as a resident, are subject to legal action and RFS(I) Delhi Branch (Vishwas) accepts no responsibility for the same.

In the event of resident member walking out without permission or missing from Halfway Home/Long Stay Home premises, RFS(I) Delhi Branch (Vishwas) will inform the police and the family/guardian at the earliest possible.

3. The Halfway Home stay will be for a minimum period to make the individual independent. The maximum period of stay is 18 months. Carer will be required to give undertaking that they would get resident discharged and take custody of resident member on optimum recovery, when intimated, or at end of 18 months period, whichever happens earlier. However, beyond this period, if the Carer wishes to continue with the facility, it will be treated as Long term stay but only after the individual's shifting into Long Stay is validated by the Admission Committee. Accordingly, the differential deposit will be required at that time.
4. The Carer gives their consent to the RFS(I), Delhi Branch (Vishwas) to take the members for outdoor activities as part of rehabilitation programme.
5. Resident members are required to follow all the General Rules and Regulations of the house. The resident member shall be discharged immediately in case of violence against self/others other, damage to property, use of illegal drugs, engaging in sexual activities in the house and any other acts which are illegal or constitute serious indiscipline.
6. It is the responsibility of the family to have a monthly Psychiatric Consultation of the resident member. In the event of the family/carer being unable to take the resident member due to any unavoidable circumstances, RFS(I) Delhi Branch (Vishwas) will take the member to the psychiatrist. In such cases, expenses towards, to and fro transportation, charges for deputing clinical and other staff and incidental expenses will be payable by the family/carer.
7. The Richmond Fellowship Society (India) Delhi Branch (Vishwas) reserves the right to modify terms and conditions which would be binding on the part of the applicant/parent/guardian/local guardian and person responsible for making payments to the RFS(I). Delhi Branch (Vishwas)

#### **DECLARATION & ACCEPTANCE**

We hereby declare that all the information given by us in the application form is true and accurate. In the event any information given by us is found inaccurate, the Richmond Fellowship Society (I) Delhi Branch (Vishwas) will have the right to discharge the member immediately after intimating us.

We have read and understood all terms and conditions and hereby confirm our acceptance.

**Signature of Applicant :**

**Signature of Parent/Guardian:**

Name :

Name :

Date :

Date



**Signature of Local Guardian:**

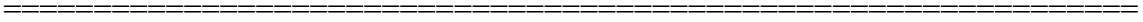
**Signature of Person responsible for payments:**

Name :

Name :

Date

Date



*For office use only*

**Remarks of Admission Committee**

## **For Information of families**

### **Criteria for admission**

1. Patient is recommended by a psychiatrist for admission to Halfway Home/Long Stay Home.
2. Person seeking admission must fall into category of person suffering from Schizophrenia/Affective disorders.
3. Patients with the following disorders are not admitted:
  - a. Current drug or alcohol abuse
  - b. Serious organic brain disorders
  - c. Moderate to severe mental retardation
  - d. Severe anti-social problems
  - e. Serious physical disability
  - f. Seriously disoriented
  - g. Prone to causing injury to self and others
  - h. Communicable disease or transmissible problem which can affect others.
  - i. Serious or chronic physical illness
5. Prospective member must have
  - a. Complete family co-operation
  - b. Financial security
  - c. A local guardian (if parents located outside NCR)
  - d. Willingness to take their prescribed medication
  - e. A commitment to stay at VISHWAS and participate in programmes

## **Rules for Halfway Home/Long Stay Home**

1. Members must take an active part in the life of the community and house programmes unless exempted by Manager of Halfway Home/Long Stay Home based on medical grounds. They must follow instructions given by Manager/Counsellors.
2. Allotment of specific rooms/beds will be decided by the Manager. Rooms/beds may also be changed as and when considered necessary.
3. Members must keep their rooms in neat and clean manner. They must not fill the room with unwanted and unnecessary material.

4. Members shall not enter other members' rooms without their permission. Visiting rooms of members of opposite sex is not allowed unless accompanied by the Manager/Counsellor.
5. Members will not leave the facility without permission from staff on duty
6. All main meals would be taken in the Dining Hall along with other members at the prescribed time. Members are not allowed to enter kitchen.
7. Members must not cause damage to any property. Any losses on this account would be recoverable from the member/person responsible for making payments to the Richmond Fellowship Society Delhi Branch.
8. Valuable articles must not be kept in rooms. In case of theft or loss of such items, the management shall bear no responsibility.
9. Medication shall be taken as prescribed. Any changes in medication must be in consultation with the Psychiatrist. Initially, clinical staff will administer medication. Thereafter, clinical staff will monitor a member's compliance with psychiatrist's prescription
10. Members must inform their Counsellors/Manager ailments as soon as these occur so that timely treatment is carried out.
11. There would be no violence against self/others.
12. Use of illegal drugs and alcohol is strictly prohibited.
13. Smoking is not allowed on the premises, as smoking in public places including Health Care facilities, has been banned by the Government. Any violation may lead to action as prescribed in law. The concerned member shall be solely responsible for fines/actions arising out of violation.
14. Purchases from Pocket money for personal needs will normally be made once a week subject to availability of balance in the account of member.
15. All audio/video calls made will be recorded in the register maintained for the purpose. Calls can be made at the prescribed timings only. The duration of calls should not generally exceed 6 minutes.  
  
Use of personal mobile phones is not allowed.
16. Any member guilty of misconduct, indecent behaviour, breach of rules, showing disrespect to authority and causing nuisance to other members and staff may be asked to leave the facility.
17. Family members and Carers may visit their wards on weekends public holidays at prescribed time, preferably with prior intimation. For meeting on weekdays

Manager may be consulted regarding the timing so that activity schedule of members is not affected.

Persons other than members of family and carers are generally not allowed to visit members without specific permission of the Manager or the person authorized by him.

18. The Richmond Fellowship Society (India) Delhi Branch reserves the right to modify existing rules, frame additional rules or issue directions from time to time which shall be adhered to.

## XII DECLARATIONS

1. I, \_\_\_\_\_ (name of the patient), hereby declare that I am seeking admission to Vishwas Home (Richmond Fellowship Delhi branch) as a voluntary patient.

2. I hereby expressly and distinctly agree and undertake to abide and be governed by all acts, deeds and things done or performed by The Richmond Fellowship Society (India), Delhi Branch and all decisions taken by the said Society and/or the aforesaid local guardian in all issues of an emergency nature arising in my treatment and shall not question or challenge the same in any manner whatsoever.

Signature of the patient

Date:

Place:

I hereby declare that

1. The information given above is true and correct in all respects to the best of my/our knowledge, information, and belief.

2. I agree and undertake to abide and be governed by the rules and regulations of The Richmond Fellowship Society (India), Delhi Branch particularly in so far as they pertain to the treatment of the applicant.

Signature of parent/guardian/admitting person

Date:

Place:

**D E C L A R A T I O N**

I,....., aged.....years,  
son/daughter/wife of....., residing  
at.....

....., do hereby  
declare that :

1. I have placed my son/daughter/brother/sister  
..... in the care of **THE RICHMOND  
FELLOWSHIP SOCIETY (INDIA), DELHI BRANCH** ‘Vishwas’,  
30/3 Knowledge Park3, Greater Noida -201308 (Uttar Pradesh) and/or at  
such other facility as the Society may at its sole and absolute discretion  
determine, in accordance with the rules, regulations and therapeutic  
methods thereof.

2. My.....son/daughter/brother/sister,the  
said.....being mentally ill and having undergone  
treatment therefore, I agree to bind myself to any therapeutic mode that the  
Society may follow in the light of any specialized or modified method that  
may be warranted, and shall not question the same in any manner.

3. My..... son/daughter/brother/sister  
the said.....and I shall abide and be governed by all  
rules, regulations and stipulations that may be laid down by the Society  
from time to time, both generally and with specific reference to my  
son/daughter/brother/sister. I understand that these rules and regulations  
are formulated and implemented with the sole objective of enabling my  
son/daughter/brother/sister to recover from his/her illness in a group  
atmosphere and that, being based on professional assessments, are not  
questionable.

4. I agree and understand that the law of the land shall prevail and be  
applicable in the event of any act of omission or commission committed  
by my son/daughter/brother/sister, including but not restricted to acts  
aimed at or resulting in accident, injury, death, theft and sexual crimes,  
either to himself/herself or to any other resident in the facility either inside

or outside the premises of The Richmond Fellowship Society (India), Delhi Branch.

5. I agree to indemnify and keep The Richmond Fellowship Society (India), Delhi Branch and its Members, National Board, Governing Council, Officers, Staff and Counsellors indemnified, free from and harmless against all actions, claims, costs, damages and expenses created and/or occasioned by any act of omission or commission attributable to my son/daughter/brother/sister the said....., and further agree forthwith to reimburse to the Society all expenses incurred in connection therewith.

6. I hereby agree and undertake, forthwith and without demur upon a request made in that behalf, all statements, returns, applications, affidavits, declarations, documents, deeds and papers necessary or requisite to comply with all statutory and/or other requirements in connection with the therapy of son/daughter/brother/sister, whether arising under The Mental HealthCare Act, 2017 or otherwise howsoever, and further indemnify The Richmond Fellowship Society (India), Delhi Branch against all actions, proceedings, costs, charges and/or expenses incurred in connection therewith.

7. I nominate.....to receive from The Richmond Fellowship Society (India), Delhi Branch all amounts payable to me, either towards return of deposits or otherwise, in the event of my demise, and further irrevocably and unequivocally state that any payments made to such nominee/s or any of them shall not be called into question by any of my heirs and/or legal representatives.

8. I further nominate.....above named, in the event of my incapacity owing to death or otherwise, to act as guardians of my son/daughter/brother/sister the said ....., and co-ordinate with The Richmond Fellowship Society (India), Delhi Branch in all or any matters pertaining or relating howsoever to his/her therapy.

9. I hereby appoint....., son/daughter/wife of ..... residing at.....

.....to be and act as the local guardian of my son/daughter/brother/sister the said..... and to act in conjunction with The Richmond Fellowship Society (India), Delhi Branch in all matters

pertaining to his/her treatment, and agree and undertake to abide and be bound by all decisions taken in that behalf.

10. I hereby expressly and distinctly agree and undertake to abide and be governed by all acts, deeds and things done or performed by The Richmond Fellowship Society (India), Delhi Branch and all decisions taken by the said Society and/or the aforesaid local guardian in all issues of an emergency nature arising in the treatment of my son/daughter/brother/sister the said....., and shall not question or challenge the same in any manner whatsoever.

11. I further hereby unequivocally and unconditionally agree, affirm and accept that I have placed my son/daughter/brother/sister the said.....in the therapeutic care of The Richmond Fellowship Society (India), Delhi Branch of my own free will and volition and under medical and psychiatric advise, and that having participated in his/her therapy and treatment physically, financially and emotionally in a spirit of partnership with the said Society, I shall make or claim no special relationship with The Richmond Fellowship Society (India), Delhi Branch otherwise than as a co-participant in the treatment, therapy and care of son/daughter/ brother/sister.

**SWORN TO** by me this the \_\_\_\_\_ day of .....

**DEPONENT**

**Verification**

Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 2023 that the contents of above declaration are true and correct to my knowledge. Nothing material has been concealed therefrom.

**DEPONENT**