

Elderly Care Application

To be completed by persons responsible for payment

Full names: _____

ID no:(DOB not accepted) _____

Phone/email: _____

I, _____, (hereinafter referred to as "the Responsible Party") agree to pay **DIFY PROJECTS**, Trading as **DIFY ON CALL** as consideration in exchange for taking reasonable care of my Parent, Grandparent, or My Extended Family member: **(full names)**

i _____

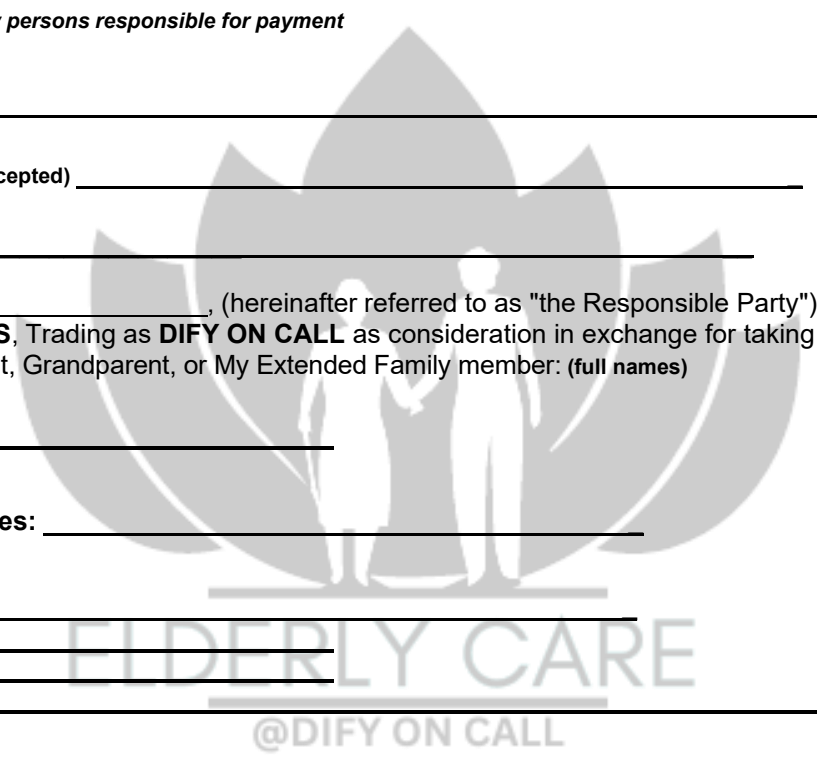
Patient full names: _____

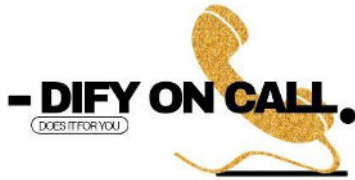
ID number: _____

Height: _____

Weight: _____

Patient address: _____





Condition/ Type of Care Required

- Frail / Elderly Care Dementia Care Post-operative Care
 Disability Care Palliative Care
 Complex Care Palliative Care

Start Date for allocated Caregiver: _____

Type of Caregiver

- Female Male

Please indicate Approximate Caregiving Days and Times required?

- 24/7 live in care 9 hour Day care 12 hour Day care 8 hours Day or Night care
 4 hours Day or Night care

Medication/Food/Allergy instructions: _____

If any Pets Specify: _____

Details of Family Doctor:

Names: _____

Contact no.: _____

Payment Date: (check one) (Caregiver Elderly Share)

- 15th 20th 25th 27th 28th 29th

Special requests (i.e. Full day, Overnight, Weekend)

Weekly Daily

Preferred Mode of communication:

- WhatsApp SMS Email Calls



MEDICAL POWER OF ATTORNEY

IMPORTANT INFORMATION

IT IS IMPORTANT THAT YOU REVIEW THE FOLLOWING INFORMATION BEFORE YOU SIGN THIS DOCUMENT. READ THE INFORMATION CAREFULLY AND SEEK GUIDANCE, IF YOU DO NOT UNDERSTAND ANY OF THE TERMS.

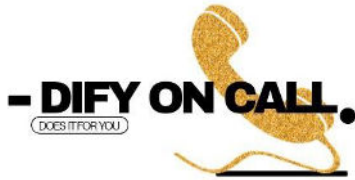
By signing this document, you are giving authority to Appoint **DIFY PROJECTS Trading as DIFY ON CALL** to appoint any capable Caregiver staff member, to make any emergency medical decisions at their discretion on your behalf, medical decisions can include any medical services, treatments, and any medical procedures.

DIFY PROJECTS Trading as DIFY ON CALL appointed Caregivers, will be able to act with the same authority you would have if you were able to act for yourself and will have the authority to consent, refuse to consent to medical treatment including decisions about withdrawing or withholding life-sustaining treatment. It is, therefore, important that you know and trust our appointed Caregiver and that our Caregiver will act and is aware of your preferences, and a family doctor for health care treatment.

For the Patient, even after this document is signed, A patient who is deemed Fit will and is able to make their own health care decisions assuming you are still considered mentally competent. Our Caregivers cannot act on their behalf until a health care professional has determined that they are no longer physically or mentally able to make medical decisions.

Discuss your medical preferences with our adult Caregivers, so they are aware of your wishes. You may revoke this document at any time.

For this document to be valid, it must be signed in the presence of a notary or two witnesses. If you choose to have two witnesses sign, they must be at least 18, competent and independent and not your agent or related to your agent.



MEDICAL POWER OF ATTORNEY

I. LIMITATIONS ON DIFY ON CALL

DIFY ON CALL is authorized to make all medical decisions on my behalf **EXCEPT** for the following:

[DETAILS] _____

II. DURATION

Unless stated otherwise herein, this document shall remain in effect until I revoke it. I understand that I cannot revoke this document during the time I am considered incompetent to make my own decisions.

(If applicable Initial and Check)

(OPTIONAL)

This power of attorney shall expire on _____ day of _____ 20.

III. PRIOR MEDICAL POWER OF ATTORNEY

By signing this document, I hereby revoke all prior medical powers of attorney that I may have. **OR**

YOU MAY SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES NOT RELATED BY BLOOD OR MARRIAGE.)

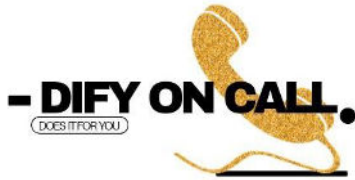
SIGNATURES

I /We hereby execute this document on _____ day of _____ 20

in the city of _____ State of _____

Principal's Signature _____ Print Name _____

Witness Signature _____ Print Name _____



IMPORTANT INFORMATION

This document will also serve/stand as a contract between You "Client" and **DIFY PROJECTS "Trading as DIFY ON CALL**. And thus, the contract is active for a period of 12 months from the date of the first quote accepted by the client and reviewed after 12 months, i.e. prices can change, with **ACI** at up to 10%, However DIFY ON CALL or the client have the right to terminate the Contract, due to change in circumstances, without cause or mutual agreement, with outstanding invoices settled for service rendered.

The information provided above should be true, and nothing should be concealed therein, and the information provided in this contract is correct based on your best knowledge and should DIFY ON CALL request more information for verification i.e. **ID or Valid Passport** i accept to comply as the client.

I confirm that the Client information stipulated persons, can afford all accepted quotes/invoices sent by **DIFY PROJECTS "Trading as" DIFY ON CALL** as per the first quote accepted: and failure to pay any invoices sent by DIFY ON CALL, can or will result in any form of legal action or listings with the Credit bureau.

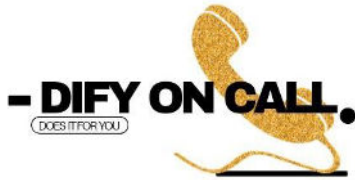
I the client give consent to **DIFY PROJECTS Trading as DIFY ON CALL** to appoint a recovery agent/agency to recover any outstanding Payments/invoices. And the completed personal information on this application can be provided In line with the POPIA act for recovery purposes. And agree not to provide any Stuff(babysitter) information provided by **DIFY PROJECTS "Trading as" DIFY ON CALL** to a 3rd party in line with the POPIA act.

Client signature: _____

Date: _____

Payments.

- A Non-Refundable **admin fee** of R500 stay out /R650 stay in should be paid, on acceptance of all received quotes, before a Caregiver can be allocated.
 - An Upfront **35% payment of the accepted quote** will be required before service is rendered, which will be refunded should services be terminated with a 15 day notice. (Applicable on Full time stay in or Stay out Requests.)
 - All **Payments** are to be made in DIFY Projects account, and no payments are to be made directly to the Caregiver.
 - All payment dates selected for the **1st and 15th** will be required to be paid in advance. **(Applies on Elderly share option)**
- A **50% deposit** fee will be required at arrival of a Caregiver, and balance paid to DIFY Projects before Caregiver leaves **(Applies on Hourly, daily requests)**



- All **Payments** are to be in DIFY PROJECTS account no later than the selected payment date. **(Applies on Caregiver share option)**

Complaints

All complaints comments are to be sent directly to the company to handle, should the client be unhappy with allocated Caregiver, below will apply:

- On Caregiver Share a new Caregiver** will be allocated at no additional charge, option available within 1 month after Caregiver is allocated.
- EMAIL: relations@difyoncall.co.za | WhatsApp: 069 159 4229,**
 - Please Allow 48 hours, within receipt of complaint.
 -

Disclaimer

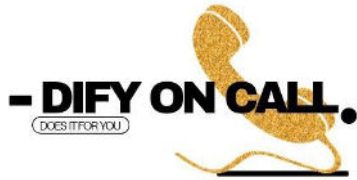
In consideration being allowed to participate in the Elderly care Services and be attended by the Caregiver, I agree to INDEMNIFY AND RELEASE **DIFY PROJECTS "Trading as" DIFY ON CALL**, against any and all liability, claims, demands, actions, loss and damage, including but not limited to liability stemming from any damage to or loss of personal property, or any injury sustained by, me or patient arising out of, or in any way connected with patient participation in the Elderly care Services, including any damages arising from the provision of emergency medical treatment outside of signed power of attorney.

DIFY PROJECTS "Trading as" DIFY ON CALL, reserve the right to withhold a non-refundable administrative fee or DIFY STUFF members in an event of affordability on verification stages, unless stated otherwise with DIFY ON CALL discretion.

Authorized Persons signature: _____

Date: _____





BANK: Standard Bank

BANK NAME: DIFY ON CALL

ACCOUNT No.: 10234172175

Branch Code: 051001

Ref: Client Reference

