



**talisman  
foundation**  
psycho-social rehabilitation

	Compiled by : A Essop
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Title: Admission Documentation	Revision due: March 2020

# Admission Application Documentation

## **Recommended Items of Clothing and Personal Items**

### **Bedding**

1x Single Duvet  
2 x Single Duvet Covers  
1 x Pillow  
2 x Pillow Cases  
2 x Fitted Sheets  
2 x Blankets (for winter)

### **Toiletries**

2 x Bath Towels  
2 x Hand Towels or Bath Mats  
1 x Bath Plug  
Shampoo  
Conditioner  
Tooth Brush  
Tooth Paste  
Soaps (including shower gel or bubble bath)  
Hair Brush/Comb

### **Clothes**

7 x Trousers/Skirts/Shorts  
10 x T-Shirts/Shirts/Blouses/Tops  
1 x Smart Wear (for events)  
7 x Socks  
7 x Underwear  
2 x Casual Shoes  
3 x Jerseys  
2 x Coats/Jackets  
Hangers  
\*Please label all clothes to avoid confusion in our laundry.

### **Eating**

1 x Plate  
1 x Bowl  
1 x Mug  
1 set of Cutlery (Fork, Knife, Spoon)  
Any condiments you prefer

### **Compulsory Items**

- ID Documentation
- Disability Grant Information – including SASSA card
- 30 Day Supply of Medication
- Up to date script

## Resident Information

Name	
Surname	
Date of Birth	
ID Number	
Passport Number (if applicable)	
Gender	
Marital Status	
Religion	
Nationality	
Cell Phone Number	
Email	
Family doctor/psychiatrist name	
Family doctor/psychiatrist contact	
In receipt of SASSA Grant	Y:                      N:
Discharge Status	Voluntary:            Involuntary:
Payment	Private:                Non-Private:
<b>Next of Kin Information</b>	
Primary Guardian Name	
Relationship	
Phone Numbers	
Address	
Email	
Secondary Guardian Name	
Relationship	
Phone Numbers	
Address	
Email	

## Referrer Information

Name of Referrer	
Relationship to Applicant	
Contact Number	
Contact Email	
Contact Address	

# Psychiatric Report

Admission will only be considered if this section has been completed by the applicant's psychiatrist. If this section is not fully completed then the application will be returned to the referrer.

Applicant Name: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_

Referred by: \_\_\_\_\_ from: \_\_\_\_\_

## Diagnosis

Axis	Code	Psychiatric Diagnosis
I		
I		
I		
		<b>Personality and Intellect</b>
II		
II		
		<b>Physical Health</b>
III		
III		
III		
		<b>Stressors</b>
IV		
IV		
IV		
		<b>GAF</b>
	<b>Past</b>	1-10   11-20   21-30   31-40   41-50   51-60   61-70   71-80   81-90   91-100
	<b>Present</b>	1-10   11-20   21-30   31-40   41-50   51-60   61-70   71-80   81-90   91-100

## History of Current Admission to Hospital

### Medication

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\*An updated script must be provided on the day of admission to ensure medication is administered correctly

Response to Treatment

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**Detailed History of Illness**

Index Episode

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Details of hospital admissions including dates

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Known Triggers of Relapse

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Early Signs of Relapse

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Prognosis

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<b>PLEASE INDICATE WHICH OF THE FOLLOWING SYMPTOMS ARE EVIDENT:</b>								
<b>Suicidal behaviour</b>	Suicidal ideas	Suicidal gestures	Self destructive acts	Suicidal attempts				
<b>Hallucination</b>	Visual	Auditory	Olfactory	Gustatory				
<b>Delusions</b>	Grandiose	Paranoid	Persecutory	Erotomatic				
<b>Self abuse</b>	Cutting	Burning	Scratching	Biting				
<b>Aggression</b>	Verbal	Physical						
<b>Anxiety</b>	Panic Attacks	PTSD	OCD	GAD	other			
<b>Level of insight</b>	Denial	Knows about condition	Accepts condition	Takes control of condition				
<b>Substance Abuse</b>	Alcohol	Nicotine	Marijuana	Barbiturates	Cocaine	Opiates	Amphetamine	other
<b>Hostile behaviour</b>	Not present	Belligerence	Threats	Rage	Danger to self	Danger to others		
<b>Bizarre behaviours</b>	Not present	Subtle displays	Rare displays	Frequent	Unknown			
<b>Mania</b>	Not present	Euphoria	Rapid speech	Racing thoughts	Excessive energy	Excessive spending	Hyper sexuality	Hyper religiosity
<b>Depression</b>	Not present	despondent	sadness	labile	miserable	hopeless		
<b>Negative symptoms</b>	Not present	Apathy	anhedonia	Lack of motivation	Social withdrawal	Decreased speech	Decreased movement	
<b>Conceptual disorganization</b>	Not present	confused	disorganized	tangential	disconnected			
<b>Anxiety</b>	Not present	Worry	Fears	Rapid breathing	Feeling shaky inside	panic		
<b>Insomnia</b>	Not present	Transient	Acute	Chronic				
<b>Obsessive/ Compulsive behavior</b>	Not present	Obsessive worrying	Obsessions followed by compulsions	Obsessions/ Compulsions with marked impact on function	Paralyzed by Obsessions/ Compulsions			
<b>Abnormal movements</b>	Not present	Shuffling walk	Tremor	pacing	Foot tapping	grimacing	blinking	chewing
<b>Personality disturbances</b>	Not present	Chaotic IPR's	Excessive dependence	manipulation	demanding			
<b>Cognitive impairment</b>	Not present	Difficulty thinking clearly	Can't focus	Difficulty solving problems				
<b>Appearance</b>	Clean	Well-groomed	Dishevelled	Bizarre	Malodorous			
<b>Motor</b>	Normal	Decreased	Agitated	Tremors	Tics	Repetitive	Impulsive	
<b>Behaviour</b>	Cooperative	Evasive	Uncooperative	Threatening	Agitated	Combative	Guarded	
<b>Consciousness</b>	Alert	Lethargic	Stupor					
<b>Orientation</b>	Person	Place	Time [day month year]	Current Situation				
<b>Speech</b>	Normal	Slurred	Loud	Pressured	Slow	Mute		
<b>Affect</b>	Appropriate	Labile	Restricted	Blunted	Flat	Congruent	Incongruent	
<b>Mood</b>	Normal	Depressed	Anxious	Manic	Irritable	Congruent	Incongruent	
<b>Thought Process</b>	Coherent	Tangential	Circumstantial	Loose	Paranoid	Concrete		
<b>Delusions</b>	Persecutory	Grandiose	Referential	Somatic	Religious			
<b>Hallucinations</b>	Auditory	Visual	Olfactory	Gustatory	Tactile			

PLEASE INDICATE WHICH OF THE FOLLOWING SYMPTOMS ARE EVIDENT:							
Intellect	Average	Above Average	Below Average				
Attention	Average	Above Average	Below Average				
Memory	Good	Poor recent	Poor Remote	Confabulation			
Insight	Good	Fair	Poor	Limited			
Decision Making	Good	Fair	Poor	Limited			
Judgment	Good	Fair	Poor	Unrealistic	Unmotivated	Uncertain	

Please specify your expectations of Talisman Foundation in terms of providing psycho-social rehabilitation for this applicant

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Name of Doctor	
Practice Number	
Signature	
Position	
Date	

# Financial Agreement

Name of resident: \_\_\_\_\_

## PAYMENT STRUCTURE

Monthly Fee Structure	Yes	No	R
Monthly Disability Grant	Yes	No	R
Monthly Medication	Yes	No	R
Monthly Pocket Money	Yes	No	R

Total Monthly Amount

I, (full name of payer) \_\_\_\_\_, ID number \_\_\_\_\_, of (postal address) \_\_\_\_\_

\_\_\_\_\_ (code) \_\_\_\_\_ hereby agree to take full responsibility for the payment of the above resident's account at Talisman Foundation.

The above payment includes:

- Board and lodging
- Individual facilitation and
- Group workshops
- Meal provisions (see general terms and conditions regarding special diets)
- Psychiatric medications obtained from provincial hospitals
- Psychiatric consultations

I understand that this monies excludes the following:

- Pocket money (unless specified above)
- Medical deposit for non-psychiatric conditions, e.g. GP consultations, drug tests, etc.
- Certain medications not obtainable from provincial hospitals

The Talisman Foundation assumes no responsibility for Medical Aid arrangements. I understand that I am responsible for **payment of fees no later than the 7<sup>th</sup> day of each calendar month**. Once payment has been made, I am able to submit any relevant accounts to my Medical Aid for reimbursement.

I understand that Talisman Foundation reserves the right to terminate residency with immediate effect when payment is in default or if a resident is found to be non-compliant with program requirements such as in the General Terms and Conditions.

I further agree to provide Talisman Foundation with one calendar month's written notice of any intention to terminate residency, or to pay one month's fees in lieu of such notice.

I understand that figures may be subject to annual increment.

I, the undersigned, understand and agree to the contents of this agreement

Resident/Guardian /Referrer		Admission Staff	
Signature		Signature	
Date		Date	

# **Contract of Admission**

## **Psycho-Social Rehabilitation**

I understand that I am participating in a compulsory psycho-social rehabilitative program.

I understand that this is a behavioural program.

I understand that the above program is designed to equip me with the Life Skills needed to be as independent as I am able to be.

These skills include the following

1. Personal
2. Home Management Skills
3. Social Skills
4. Coping Skills
5. Recreational Skills
6. Vocational Skills

## **Indemnity Waiver**

The term "Talisman Foundation" shall, for purposes of this agreement include its voluntary workers, and/or its servants, and/or its agents, and/or its invitees.

1. I hereby indemnify Talisman Foundation from any claim whatsoever cause arising, included self-inflicted, suicide or injury sustained whilst under the care/control of Talisman Foundation and/or whilst being conveyed by or on behalf of Talisman Foundation.
2. This indemnity shall extend to all damages suffered, whether due solely to negligence, whether gross or otherwise, of Talisman Foundation or whether due to the joint negligence, whether gross or otherwise, of Talisman Foundation and a third party or from whatever other cause arising.
3. I declare that the indemnity and waiver contained in the preceding paragraphs shall be binding on me, and all persons claiming or purporting to claim through me.

## Medical Disclosure Consent

I hereby give permission to Talisman Foundation to release pertinent information regarding my condition to other professionals under the following conditions:

- In an emergency medical situation where information regarding my status as a resident and/or my diagnosis and medication bears relevance.
- In any situation arising from whatsoever cause where I require Talisman Foundation to assume responsibility for my appropriate treatment.
- In the event that I seek a second opinion from another professional, the relevant information will only be submitted directly to the professional whose opinion is being sought.

I understand that even in these situations, Talisman Foundation will respect my right to privacy and act in accordance with current confidentiality policies adhered to by the helping professionals. In this regard, it is understood that Talisman Foundation will not divulge detail regarding my specific treatment program without my express permission.

I hereby give my consent to discuss my progress and/or concerns with:

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I do not give my consent to discuss my progress and/or concerns with:

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## Hospital Admission

I understand that

1. Hospital admission is not the Foundation's first option should a person become psychiatrically unwell. If possible, the person is treated within the facility.
2. If a person requires hospital admission for whatever reason, the staff of Talisman Foundation will arrange appropriate admission. Private hospitals are usually not an option for psychiatric admissions, as for a resident to be hospitalised they will need to be uncontainable by the Foundation. As a result, admission to a major acute care hospital is required.
3. Admission will be to the closest and most likely hospital to have a bed for the resident.
4. The caregiver of the resident will be notified within 24 hours of admission by the relevant facilitator or the facilitator on-call. Hospital

admissions are dealt with as a matter of course and are not seen as out of the ordinary from other day to day issues of the Foundation. The staff will therefore not take calls outside of office hours with regard to the hospitalised person.

5. If a family member specifically wishes to deal with emergencies themselves, then they need to indicate this prior to admission.

Resident/Guardian/ Referrer		Admission Staff	
Signature		Signature	
Date		Date	

# General Terms and Conditions

## Medication

1. Residents are required to bring a month's supply of medication on admission.
2. At admission, all medication will be handed in by the resident at reception before going to their allocated room. Medication will be kept in the medical suite unless the resident has written permission by the nursing manager. This includes all headache pills and vitamins.
3. Medication will be supervised unless permission is given by the facilitator to take medications independently. Taking medication unsupervised will only be considered if there are minimal concerns of non-compliance whether this be deliberate or accidental.
4. If a resident receives their medication unsupervised then they must comply with their medication as prescribed or they will be put back on supervised medication at any point during their stay.
5. If they receive medication unsupervised then it is their responsibility to ensure that it is safe in their room or on their persons. They must report immediately if any medication is missing or stolen.

## Rooms

1. It is the residents' responsibility to clean and tidy their room daily.
2. Careworkers and facilitators conduct compulsory routine room searches in the presence of the resident or by two members of staff at a time.
3. The residents' room may also be searched if there is suspicion of contraband, medication misuse, drug or alcohol misuse or stolen property.
4. Room searches are compulsory
5. All residents will be searched on admission. All medicines, cigarettes, alcohol and substances will be removed (including pain killers, diet pills, cough mixture, over the counter medications etc). The search is compulsory.
6. Residents will be given a room key when they are admitted. If this key is lost or stolen then it is the responsibility of the resident to pay for a new key to be cut.
7. No open food may be kept in residents' room. Only food in containers or a fridge will be permitted.

## Daily Program

1. Residents must attend daily groups during the week. Groups will focus on hygiene, environmental care, goals, employment preparation, arts, sports, discussion, coping strategies, stress management, relaxation etc.
2. The group program may be interrupted to allow a resident to work, attend school, attend Learnerships, attend volunteer work or attend scheduled appointments or tasks related to their recovery journey with the permission of the facilitator.
3. The daily program runs from 7am to 4pm.
4. Residents will be given a written program on admission that they will get signed throughout the day to help them settle in and learn the routine.

## Behaviour Barometer

1. Residents are awarded points on a chart for achieving goals and making progress. Points are taken away for poor behaviour and non-compliance. Appropriate rewards and consequences may be given. The behaviour barometer is designed to encourage recovery and discourage inappropriate behaviour. It is not a punitive system.

2. Consequences given are individualised and appropriate to the situation. Consequences that may be given include; gating, additional duties, counselling, loss of a visitation, written program or a written warning.
3. Residents are not allowed to partake in any illegal activity. This will result in a loss of points and appropriate consequence. In some cases it may result in eviction and/or legal proceedings.
4. Residents are considered to be citizens with full legal status and rights. You are expected to take full responsibility for your actions and statements.

### **Duties**

1. Residents will be given a duty to complete on their floor. This may include vacuuming a hallway or cleaning a bathroom or wiping bannisters. The floor monitor will schedule a list for duties each month. Duties are compulsory.
2. Residents will be given a kitchen duty to complete in rotation. This include cooking in the kitchen for a weekend, cleaning dining room tables after dinner or mopping the dining hall daily. Duties are compulsory.
3. If duties are not done then you will lose BB points and may receive an appropriate consequence such as doing an additional duty.

### **Entering and Exiting the Property**

1. Residents are searched at the gate when entering and leaving the property.
2. At admission, residents must stay on the property (unless you have a scheduled external appointment) for a period of 4 weeks to allow them to settle in to the foundation.
3. After the initial 4 weeks residents will be informed whether they are
  - a. Gated – Only allowed out with a written pass
  - b. Ungated Accompanied – Only allowed out with a nominated person such as family, roommate or friend. They will need a written pass to go out with another person or on their own.
  - c. Ungated – They may come and go on their own or with others.
4. The gating status will be chosen in consideration of risk from others and vulnerability, risk to others and risk to self. For example, if there is a risk that the resident will use alcohol then they may “ungated accompanied” but they can go out with their family or a nominated trusted resident.
5. The gating status will be reviewed monthly by their facilitator and changed according to risk.
6. Residents may be gated as a consequence for behaviour such as consuming alcohol, absconding, bringing contraband such as drugs on to the property for themselves or others or consistent non-compliance.
7. Gate opening times vary throughout the year depending on daylight hours.

### **Discharge and Eviction**

1. Residents are accepted on a three month trial basis. Within this period the foundation has the right to terminate the resident's stay in cases such as:
  - a. Non-disclosure of important medical or criminal history that is relevant to the ability of the resident partaking in the rehabilitative program
  - b. Continuous non-compliance of the resident regarding the foundations rules and/or partaking in the rehabilitative program
  - c. Non-compliance of family of any written agreements with the Talisman Foundation such as failure to pay fees
  - d. Continued misuse of any contraband substance or alcohol
  - e. Continuing inappropriate behaviour towards residents or staff
  - f. Non-compliance of medication
2. Should the resident not settle in to the required programme then Talisman Foundation has the right to return the resident to the care of their family/guardian or referring institution.

3. If the physical or mental condition of a resident should deteriorate to extent that he/she cannot be reasonably accommodated at Talisman Foundation then the family/guardian will arrange for an alternative placement.
4. The foundation reserves the right to end any contract with a resident or family under the following circumstances:
  - a. Any action that has or will endanger the physical or mental wellbeing of themselves, another resident or staff
  - b. Continued failure to comply with conditions and rules of the foundation
  - c. Any action taken by the resident that results in malicious damage to property
  - d. Any act of aggression or violence by the resident that causes harm to another person
5. Residents may receive a written warning for inappropriate behaviour. Written warnings expire after a year. If you receive over 3 valid warnings then you may be evicted.
6. All residents must give 4 weeks written notice if they wish to terminate their stay at the foundation.
7. In the event of immediate eviction the resident will be expected to vacate the premises immediately and the family will be informed.
8. All personal belongings must be removed on discharge/eviction. If the resident's belongings are not removed within 3 months of discharge, eviction or absconding then the belongings will be considered a donation to the foundation.

#### **Payments, Cash and Pocket Money**

1. Resident fees are payable monthly in advance and not later than the seventh (7<sup>th</sup>) day of each month. Interest will be charged on accounts not settled by this date. All accounts must be settled in full before discharge.
2. Pocket money for residents must be paid in to the Talisman account with the residents name and "pocket money" as a reference.
3. All cash must be handed in on admission.
4. Residents may receive and sign out their monies weekly.
5. Cash can be kept in your allocated envelope in the locked safe for safekeeping.

#### **Absconding**

1. The foundation does not take any responsibility for residents, their personal belongings or medication when they abscond.
2. Residents who abscond will not be searched for by the foundation. Family members will be notified and a missing person file will be opened by the foundation.

#### **Phones and Technology**

1. Cell phones, laptops and other technology devices will be kept in the safe for a period of 4 weeks on arrival to allow you to settle in to the foundation. Facilitators will liaise with family and support teams during this time.
2. Residents are expected to use their own cell phones to contact family, friends and anyone else they may wish to. The reception phone is only available to residents at the discretion of facilitators.

#### **Personal Property**

1. Residents may keep expensive property such as jewellery, xbox, laptops in the reception safe and sign them out when they want them during working hours.
2. Residents must keep their bank cards in reception and sign them out when they need them.

3. Residents must keep their ID books and SASSA cards at reception and sign them out when they need them.
4. Talisman Foundation are not liable for any damages or losses whatsoever.

### **Smoking**

1. All cigarettes must be handed in on admission. During the adjustment period cigarettes will be given to the resident daily as they comply with the written program and receive signature. Once they have completed this programme they will be allowed to hold their own cigarettes.
2. If residents are put on a written program as a BB consequence then their cigarettes will be issued as above.
3. Smoking is only permitted outside the building.
4. If you smoke in your room you may lose BB points and receive an appropriate consequence.

### **Transport**

1. Talisman's transport is available to residents for scheduled health appointments or in emergencies.
2. Talisman's transport is only available for personal appointments with written permission from management and must be paid for.
3. Residents are expected to use public transport to Learnerships, schools, employment and voluntary work due to the lack of availability of our transport.

### **Special Arrangements**

1. You must make your own arrangements for
  - a. Acute and chronic physical illnesses. The professional nurse only attends to minor ailments, first aid and providing suitable advice or referrals.
  - b. Special dietary requirements such as vegetarian, allergies etc
  - c. Private doctors and medication unavailable from public hospitals
2. Talisman Foundation does not have the facilities for the containment of suicide attempts, no guarantee can be given to the person's safety and wellbeing. The person responsible for such an attempt will be considered a risk to themselves and referred to hospital. All costs incurred by such an attempt will be covered by the family/guardian or the resident.

Resident		Family/Guardian	
Signature		Signature	
Date		Date	