

Private Medicare Ltd

# Residency Agreement

Personal Terms for Care Services & Residency

[v1] - 24/04/2023



**ST MARY'S**  
CARE HOMES

## Your Personal Terms

Your Name: \_\_\_\_\_

### Accommodation And Care

Room \_\_\_\_\_ Has been offered at \_\_\_\_\_ (the "Home").

The room is offered on a:

- Temporary Basis                      Commencing: \_\_\_\_\_                      Expected End: \_\_\_\_\_
- Permanent Basis                      Commencing: \_\_\_\_\_

The room is offered for the purpose of receiving care and other services provided by The Home for the duration of this agreement. You are not entitled to exclusive possession of the room or any part of it.

This agreement and residence at The Home is not intended to and will not give rise to any form of security of tenancy or any other property right in relation to the room or any part of The Home.

The level of care to be provided has been agreed as:

- Personal Care     Personal and Dementia Care
- Without Nursing     With Nursing
- Other \_\_\_\_\_

### The Weekly Fee

The total fee payable for accommodation and personal/social care is £ \_\_\_\_\_ per week.

This amount is separate from any Funded Nursing Care (FNC) Contribution that may be paid towards the cost of qualified Nurse care input.

We have been made aware that the following public authorities have agreed to contribute towards the Weekly Fee:

Authority _____	Amount £ _____	Per Week
Authority _____	Amount £ _____	Per Week
Payable by You	Amount £ _____	Per Week
3 <sup>rd</sup> Party Top Up Payable	Amount £ _____	Per Week

**Billing Frequency**

All fees are payable in advance and the frequency of payment applicable is:

Calendar Monthly

4 Weekly

**Residency Agreement**

I confirm that I have read and understood the Terms and Conditions of this Residency Agreement including my Personal Terms and have been provided a copy.

I understand I will be personally responsible for ensuring the Weekly Fees are paid.

Or

I am the Attorney/Deputy that holds responsibility for financial affairs and I confirm that I have read and understood the Terms and Conditions of this Residency Agreement including the prevailing Personal Terms and have been provided a copy.

I understand I will be responsible for ensuring the Weekly Fees are paid using the above named party's funds.

**Signature:**

**Date:**

\_\_\_\_\_

**Print Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Relationship to Named Party** (Where Appropriate)

\_\_\_\_\_

**3<sup>rd</sup> Party Top Up Agreement**

I confirm that I have read and understood the Terms and Conditions of this Residency Agreement and understand that I will be personally responsible for ensuring the 3rd Party Top Up Fees are paid.

**Signature:**

**Date:**

\_\_\_\_\_

**Print Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Email:**

\_\_\_\_\_

**Telephone:**

\_\_\_\_\_

**Home Agreement**

Signed on behalf of Private Medicare Ltd.

**Signature:**

**Date:**

\_\_\_\_\_

**Print Name:**

\_\_\_\_\_

**Position:**

\_\_\_\_\_