



Your Hope Our Promise



Advantage
elder care
LEADERS IN ELDER CARE



Dear primary caregiver,

Advantage Elder Care is a palliative care center that caters to the needs of the terminally ill and the elderly. When a doctor certifies that a resident needs comfort measures only, the family is left with two alternatives, either to keep the resident at home with 24-hour nursing care or admit the resident to an institution where palliative care needs are met; many opt for the latter option simply because it is impossible to give ICU-type care in a home setting. We are available to meet either of these care needs.

We currently have 3 care homes, with a fourth on the way. At Kothanur, where we initially started out fourteen years ago, are our two elder care facilities, as well as a new building nearing completion to meet the same need, the requirement for which is ever increasing. At Yelahanka we have our 80 bed facility which was opened seven years ago. We started with five residents, now we have 120.

We have residents with conditions like Alzheimer's dementia, Parkinson's, bipolar disease, stroke, head injuries, spinal injuries, cancer, as well as post-operative cases. Our residents are taken care of in a comfortable, soothing environment. Care is taken to prevent the residents from developing further ailments, to keep them clean and well nourished. We also schedule various tests and visits from healthcare professionals as deemed appropriate. All the residents require 24-hour care with grooming, bathing, feeding, ambulation, administration of medicines, and procedures such as suctioning, catheterization, bedsore dressings, Ryle's tube feedings, PEG feedings, nebulization, oxygen administration and cardiac monitoring.

We are expertly trained and medically equipped to take care of our residents. We have our own core team of nursing directors, retired from hospitals like Bangalore Baptist & Nimhaans. We have doctors on call from near by hospitals, qualified nurses who are in charge, in-home physiotherapists and health assistants who are diploma holders from our community college and at our colleges.

Our staff are well-trained, responsive, adept, intuitive, and committed in the care they provide to the residents. They work through the day and night to ensure that our residents' needs are more than adequately met.

Since we began in 2004, there have been almost a 1000 residents. Most have gone on with gratitude and warmth towards us, leaving behind blessings which we cherish and which urges us on to continue in this field.

All our current facilities are rental properties. We are in the process of building our own facility, for which we need the support of patrons and philanthropic minded individuals.

With warm regards,

From Advantage Elder Care





It has indeed been a privilege to know Mr. Shaji Philip at a personal level and witness the wonderful service rendered to the elderly with physical needs through 'Advantage Elder Care. I am impressed to note that this service is rendered, placing a special emphasis on preserving the dignity of the older person. The felt need for an organized setup where a 'Home away from Home' can be provided to those in the evening of their lives has been increasing dramatically. Elder care, when delivered sensitively and respectfully, laced with love, is invaluable to the families who are increasingly becoming more and more nuclear. I have no hesitation to commend the services of Mr Shaji Philip and the wonderful team at 'Advantage Elder Care' to anyone who has a need for such help.

Dr. Naveen Thomas

Director (CEO)

MS., DNB (Gen. Surgery), M Ch (Paed. Surgery), Mphil (HHSM, BITS, pilani)

Bangalore Baptist Hospital



I have known Mr. Shaji from my time as Director of Bangalore Baptist Hospital. He has provided service in the crucial and much needed area of elder care. Many of the families that I have referred to him appreciated the care that his team provides. The sincerity and compassion of his team makes his institution a home away from home. I wish him and the team all the best as they continue to serve in the spirit of Christ.

Dr. Alexander Thomas

Executive Director



ASSOCIATION OF
HEALTHCARE
PROVIDERS
INDIA

President, Association of National Board of Accredited Institutions (ANBAI)

President, Consortium of Accredited Healthcare Organizations (CAHO)

Consultant, World Bank

Chairman, Health Sector Skills Council, Karnataka.



Client Stories

Mrs Annamma Ulahannan

Mrs. Ulahannan, an 83 year old, came to our care home in March 2006. She had Parkinson's disease, early dementia, failing health, and was on four different medications. She required partial assistance with bathing, dressing, medication management and getting in and out of bed, and full assistance in using the bathroom. Before we met her, she was living alone in her daughter's flat with the help of several part-time aides. Her daughter lived in France and son in Mumbai. Between them there was a lot of difference of opinion which led to both of them being unwilling to take on the care of their mother. Thus, due to malnutrition and negligence, Mrs. Ulahannan was in a bad state when she got admitted. Her children were still unwilling to pay for her care, but a few relatives pitched in with financial support.

Mrs. Dhanalakshmi Srinivasan

Mrs. Srinivasan, 58, was full of energy, and even though she lost her husband at a very young age, she managed her life well and took to single parenting both her children. Her daughter was married to a physician and they settled in a different city and her son lived abroad. Through a tragic accident, she became a coma resident. On the fateful day, while inspecting a second floor construction, she fell from a height which resulted in a head injury. Since then she was in coma. Her son, who worked as an attorney in the U.S., tried looking after her with home nurses, but due to non-availability of nurses and frequent problems he decided to shift her to our care home. Being a coma resident she needed a lot of attention to her care. Her son was relieved with regard to his mother's care as he found that she got adequate and appropriate care in our care home

Mr. & Mrs. Lakshman Rao

The Times of India hailed Mr. Rao as "the man who built Bangalore" in his obituary. The Deccan Herald said "the grand old man of Bangalore is no more." Being a top bureaucrat, in truth he did build Bangalore. In his long and checkered career, Mr. Rao worked with the central government and as state home secretary. To friends and admirers Mr. Rao remains a visionary. He was 88 when he was admitted to our care home along with his wife who was ailing with Alzheimer's disease. Both of them needed 24 hour nursing attention. Their children, who were also aged, could not handle the care of their parents and decided to take our help. We looked after them for a long period until their death.

Mrs. Saraswathi Rajaram

Mrs. Rajaram was a wonderful human being. Even at 98, her faculties were intact, though she was very frail and found it difficult even to sit up. She was always smiling and ready to sing "Johnny, Johnny...yes papa...." She was admitted to the home by her son who was a doctor in Kerala. It was a forced decision for him and his wife since his wife had to go to the U.S. to take care of their daughter's delivery.

The doctor and his wife came back after six months of stay in the U.S., but fate intervened and snatched away the doctor. Two months after, the doctor's son, who was a young man working in the hotel industry, succumbed to another tragic accident. Saraswathiamma was ignorant of the tragedies and lived for a while under our care.

Testimonies

"I really appreciate the management and the caring staff of this institution. The rooms are very clean. The total conditions of the residents are very good. I can see and feel that the residents are really happy the way they are treated here. Congratulations. Keep it up".

M.C. Chacko

Cheshire, U.K.

"Very well maintained. residents seem to be happy and satisfied with the care given"

Dr. R. Girija

S.Wales, U.K.

"I am touched to see the amount of care given to the residents here. Very clean and very well maintained. Great service done by the sisters. Wish all of them the very best".

Lakshmi Subrahmanyam

Chennai

"We see some light at the end of the tunnel for the elderly citizens who need round the clock care and monitoring. I appreciate the endeavour"

N. Prakash and Meena

Yadavagiri, Mysore

"I am so impressed by the special care and affection that the each resident gets here. It is a unique place where the sick and the old are made to feel wanted and loved".

Sarah John and Annamma Joseph

"It is a pleasure for me to be here today. Well maintained and very much care taken for the elders here. The staff and very kind and efficient. The elderly citizens are very happy and they are getting proper care".

Madhavi Truman

Chennai

"It's been a wonderful experience visiting AdvantAGE. You will certainly be an advantage to our aged citizen".

Rosita Sequira

Bangalore

"This is awesome. The home is really cost effective. The charges are really low compared to their services. It is almost like a hospital".

Akashanka Roy

Kolkata

"It is a boon for people like us who live abroad. We felt that we put our father in safe hands. These people are passionate about elder care and it reflects in the care home .

Dr. Usha Chakrapani

Toulon, France

"Small place but really good. Good care to elders; will not affect the purse. A very dedicated and experienced team. Shaji's commitment is commendable".

Major Arun Cariappa

Polibetta, Coorg

What you need to know...

People have asked us several questions as they considered their options. We have gathered a list of the most frequently asked questions in the hope of making the decision about your loved one a bit easier. Here are the answers.

1) What is Palliative care ?

Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the resident and the family.

2) What is Geriatrics ?

Geriatrics is a fast emerging discipline due to the recognition of the unmet needs of the ageing population. The term “geriatrics” was coined by American physician Lgnatz Naschar around 1900 because he recognized that the medical care of the aged involved special considerations much as did in the field of pediatrics. Geriatrics originates from the Greek word geras, meaning that which deals with the diseases and problems of old age.

3) What are ADLs ?

ADLs are activities of daily living with which a resident may need partial or complete assistance, such as with:

1. Personal Hygiene : Assistance with showering, dressing, hair brushing, shaving, etc.
2. Meals : Assistance with eating, being reminded to eat
3. Dressing: Assistance with choosing clothing and dressing, frequent changes due to incontinence
4. Toileting : Being reminded to go to the bathroom, assistance to and in the bathroom
5. Mobility : Assistance with getting in and out of bed, using the walker or wheelchair.

ADLs include those activities needed for self care such as bathing, toileting, dressing, feeding and mobility, which describe the functional status of a person. It is a tool in the bio-psychosocial model of medicine and is useful for assessing the elderly, the mentally ill, those with chronic diseases, and others.

IADLs also include activities not necessary for fundamental functioning, but which are still very useful in a community, such as cooking, shopping, housework, and transport. Nearly 95% of our residents entered our facility due to their inability to perform ADLs.

4) What is Assisted Living ?

Assisted living is a residential care option for individuals who typically can no longer live independently. The Assisted Living Federation of America (ALFA) defines an assisted living residence as a special combination of housing, personalized supportive services, and health care designed to meet the needs, both scheduled and unscheduled, of those who need help with activities of daily living.

5) How do we choose a facility ?

The following suggestions can help you get started in your search for a safe, comfortable, competent, and appropriate care home.

1. Think ahead. What will the resident’s future needs be and how will the facility meet those needs?
2. Visit the care home more than once.
3. Observe interactions among the staff and residents.
4. Visit at mealtimes, sample the food, and observe the quality of the meal and the service.
5. Talk to the residents.
6. Study the background of the residents and their relatives.

7. If permitted, talk to the relatives of the residents.
8. Check out the emergency support systems available in the facility.
9. Observe the location and surroundings of the care home.

6) What types of services are offered in your care home ?

1. Emergency care.
2. Access to health and medical services.
3. Assistance with eating, bathing, dressing, toileting, and walking.
4. Housekeeping services.
5. 24- hour security and staff availability.
6. Personal laundry services.
7. Transportation - Ambulance Services

7) What can you tell me about the staff at your care home ?

Our nursing team is headed by a senior nursing superintendent, with 30 plus years of experience in a reputed hospital. We have staff in-charge nurses to oversee the bedside attendants, and a 1:1 ratio of bedside attendants to residents. This allows us to take care of the residents in a most personalized way. We also provide the services of physiotherapists. Our care givers perform the following services on a daily basis:

1. Dispense and monitor medications.
2. Monitor vital signs.
3. Communicate with the family.
4. Assist with personal grooming and hygiene, meals, mobility, and other activities of daily life.

8) Can you give a brief description about the admission procedure ?

When you establish contact with our administrative office, we suggest a trip to our facility . Once you are convinced that this is the care home you are looking for, you could come back to discuss the resident's condition, family dynamics, and tasks involved. Then you are required to pay the registration fee and obtain the admission. The payments are to be made as per the terms of the organization.

9) What type of social and recreational activities do you provide ?

Most of our residents are bedridden and unable to take part in such activities. However, we do celebrate all the residents' birthdays and festivals such as Christmas, Diwali, and Onam. We also have indoor and out door activities like restaurant visit and visits to the gardens.

10) Why do people need to live in an assisted living facility ?

The world at large has changed to outlook and acceptance of elder care homes or institutions are accepted. It is a practical solution as opposed to an ideal one. While our society, at large, frowns upon institutionalization of the aged, many conditions warrant more professional long term care for the aged than can be provided in their own homes. For example, it is not advisable to leave a resident with Alzheimer's at home, unattended, with the children away or working. Likewise, if a resident has had a tracheostomy, requires PEG feeding, or is in a coma, the care that can be provided at home is limited and inadequate. Such situations warrant institutionalization.

11) Who is eligible for admission in your care home ?

The only criteria is whether the person who requires admission needs nursing care. We are competent to manage residents who are in coma; who have renal failure, bipolar disease, stroke; or conditions such as Alzheimer's, Parkinson's, etc. We are not equipped to handle residents with transmissible diseases such as AIDS, hepatitis, etc.

12) We heard that you admit only bedridden residents. Is this true ?

The majority of the residents are bedridden and require palliative care. Some of them, with good nutrition

and physical therapy, recover to a level where they can walk with assistance. However, there are a few residents who are able to perform their activities of daily living adequately, requiring only partial assistance, and treat our care home as a retirement home.

13) Do you segregate residents, i.e., based on their varying medical conditions?

We have two care homes. The main facility caters to the bedridden and the more critical. The second one is meant for residents who have limited mobility and declining faculties, but who are otherwise able to be up and about. This segregation further enhances the quality of the care we provide and ensures satisfaction of the residents and their families regarding their care.

14) Can you describe a typical day in your care home ?

6:30 a.m.	Bed Coffee followed by personal hygiene routines
7:30 a.m.	Breakfast
9:30 a.m.	Prayer followed by physiotherapy and then the residents are taken outside to enjoy the sun
10:00 a.m.	Protein drink, fruits and health drinks are served
12:30 noon	Lunch
04:00 p.m.	Tea and Snacks, after which the residents are taken out to the garden to walk around and enjoy the serenity of the place.
06:00 p.m.	The residents are back in and are served soups/milk.
07:15 p.m.	Dinner
08:00 pm.	Bedtime

15) What kind of meals do you serve ?

The general menu includes:

Breakfast: Dosa, cornflakes, oats, bread with butter/jam, eggs, milk, etc.

Lunch: Rice, chapathi, sambar, rasam, curd, dhal, vegetable curries, and fruit.

Lunch for non-vegetarians includes chicken or fish twice a week.

Dinner: Usually soup and light meals.

16) What is Respite Care ?

Respite care is care for a very short period. For example, elderly persons can come to our care home for a few days if they are unable to manage in their own homes, as in when their children and family are going on vacation. Respite care is charged on a daily basis with registration fee which is non refundable.

17) What services do your nurses provide in your facility ?

Other than assisting with bathing, dressing, feeding, and mobility, the in-charge nurses are capable of doing wound dressings, catheterization, suctioning, Ryle's tube insertion, PEG feedings, etc. They are also trained to administer oxygen and medicines, blood sugar checks, and aid in physiotherapy and monitor vital signs on a daily basis.

18) Do we have to produce the latest medical reports?

Yes. We insist on this for evaluation, to decide on admission. We keep a copy of these medical documents in the resident's file for reference for the doctors on call, or as necessary for medication management or hospitalization.

19) What about medicines ?

All medicines are administered under supervision. We do not give any medicine without prescription. residents are not allowed to keep or handle medicines alone; self-medication is strictly not allowed in our

care home. The resident's family is required to bring medicines for a period of one month upon admission; thereafter, we will procure the same based on followup instructions from the resident's attending doctor; understandably, these medicines will be billed.

20) What can we bring with us?

On admission, the primary care giver is required to bring all the medical records, one month's supply of medicines, necessary clothing and toiletries.

21) What if my parent /relative is completely resistant to relocating to an assisted living facility like yours?

A change is never easy for seniors. The emphasis, however, is on adequate care. It is like taking a child to school for the first time and the child resists it normally. It is important that you decide what is best for your parent/relative, as they are unable to decide. Our purpose is not to resist one's lifestyle, but to enhance it. After an initial transition period, it is amazing how even the biggest skeptics adjust beautifully.

22) What is included in the monthly charge ?

The monthly charge covers 24-hour nursing care, accommodation, food, and laundry.

23) Can we bring some eatables while we visit our parent?

We do not encourage this; the reason being that ours is community living and there are other residents present. Instead you can bring fruits or other such items as can be shared with the other residents. You are welcome to sponsor a meal for the residents and staff if you wish.

24) Do you entertain the tipping of your staff ?

If you are pleased with the services rendered by any of our staff who have been in attendance to your parent/relative, you could indeed tip them. However, it would be desirable to do so with the management's knowledge.

25) What if the resident requires hospitalization ?

If the resident requires hospitalization, we will inform the resident's primary care giver and they can take the resident to the hospital and back. However, on request, we can do the same. In this case, we will depute our senior nurse to accompany the resident to the hospital and complete the formalities of admission, and we will keep you posted. We will also arrange one attendant to attend to the resident while in hospital. These services will be charged, i.e., Accompanying charges, and ambulance charge.

26) Is it mandatory to visit the care home regularly ?

It is mandatory that you visit the home at least once in a fortnight; we have an attendance register which you are to sign in when you visit.

27) Is smoking and drinking permitted in your home ?

No.

28) My parent's condition demands 24-hour oxygen. Are you able to manage ?

Yes. We have oxygen concentrators and cylinders which ensure uninterrupted supply.

29) Do you cater to special diets ?

We do provide special diets according to the residents requirement.

30) Do you have visiting hours?

Our visiting hours from 9:30 a.m. to 12.30 p.m., Lunch 12.30 p.m. to 1 p.m., Rest time 2 p.m. to 4 p.m., 4 p.m. to 6.30 p.m visiting hours. However, exceptions may be made depending on the circumstances, though not at all times. All the visitors are required to sign the visitors' register.

31) Is food available at all times ?

We have a specific feeding time, but if the resident wants anything at any other time, it will be provided.

32) Is the staff adequately trained ?

All our staff are adequately trained for elder care. They also frequently undergo orientation programs and monitoring be updated with the present medical practices and to keep up their work ethics to further improve the quality of care they provide.

33) Is the staff appropriately dressed ?

All our staff wear appropriate uniforms.

34. Is there adequate natural and artificial lighting ?

Our facility is tucked away in a beautiful locality, which is ideally suited for such a care home. The residents enjoy the sun and serenity. There is also adequate artificial lighting.

35) Is the facility clean and odour free ?

Cleanliness is something on which we do not compromise. We maintain the highest standards of cleanliness in our care home. Those who have visited our home have endorsed this aspect.

36) Does a doctor visit the care home regularly ?

Doctors from a nearby hospital are on call at our care home and also visit the home regularly.

37) Are bathrooms private?

No; our care givers also use the same bathroom.

38) Can residents bring their own furniture ?

We do allow one item of furniture, such as a chair for the residents, upon request. Also, the residents can bring a television set if they do not wish to come to the common TV room.

39) What about newspaper subscription ?

A resident may subscribe to any particular newspaper or magazine that will be provided.

40) Is there a library facility ?

No. We hope to develop additional facilities such as these in the future.

41) Is there any registration fee ?

We have a one time registration fee which is non refundable.

42) Is there any deposit to be made ?

Yes. A caution deposit is charged and after one month an establishment charge for one year is collected.

43) Do we have to pay by the first of every month ?

Please refer to the "Terms of Payment".

44) Can you elaborate the situations when you may discharge the resident against our will ?

When you default on payments.

When the resident has medical conditions which cannot be managed by us.

When the resident or the primary care giver is not satisfied with the care we provide.

When the primary care giver is not visiting the resident as stipulated by our rules.

45) If I would like to discharge the resident ?

One week's notice in writing has to be submitted before discharge.

46) What are the different type of rooms available at your home ?

Economy, Semi Private and Private (subject to availability, has to be checked before the admission)

47) What are the Tariffs / Charges ?

Please refer to the "Terms of Payment".



An ageing population is a certainty that necessitates dependence. As much as a senior citizen would like to continue to be in charge of their lives and of the circumstances around, it is inevitable that the baton needs to be passed on. Now, handing over responsibility is one thing, being totally unable to do the needful for oneself is quite another. While we can extend our love and our sympathy to our aged ones, our patience can wear thin despite our best intentions. Also, we ourselves feel helpless in the face of someone else's helplessness.



Your loved aged one may be reluctant to accept help with activities of daily living, like eating, grooming, bathing, etc. Where do we turn when an elderly person in our family becomes bedridden or completely dependent on us? Or if our aged loved one is suffering from memory loss and has a tendency to wander? Or needs an intensive nature of medical attention in terms of tube feedings, suctioning, catheterization, etc...

Much as we would wish to do the needful ourselves, we sometimes would have to seek help to ease the passage through such difficult times, both for our elderly as well as for ourselves. Here is where Advantage Elder Care plays its due role. The need for palliative care is ever present and growing and we at Advantage Elder Care are available to meet that need. We continually strive to excel at what we deliver that is timely service to our dependent aged persons with plentiful compassion, love, patience, empathy, creativity, and attentiveness.

We, at Advantage look forward into the future with faith, as we strive to expand our services to provide the needful care in our society. We appreciate the support & encouragement that has been extended to us in our endeavors over the years and, we trust in years to come.



Bank Details :

Advantage Elder Care

IFSC/NEFT Code: SIBL0000486

A/c No. 0486073000000210

South Indian Bank,

Kothanur Branch, Bangalore-560077

42/2, Behind CSI Colony, Kothanur P.O., Baglur Road, Bangalore-560077.

Ph.: 9844395515, 9980413623, 080 28465450

Hunasamaranahalli Post, (VIA) Bettahalasuru, Bangalore North - 562157.

Ph.: 7829592189, 080 60121222, 7760628989

Email : advantageeldercare@gmail.com

www.advantage-eldercare.com



TERMS OF PAYMENT

1. Initial payment at the time of admission:

Registration: Rs. (non refundable)

Caution Deposit: Rs. (fully refundable)

Annual Establishment: Rs. (non refundable)

- 2 Monthly Charge Rs.

(Covers 24-hour nursing care, accommodation, food and laundry. Please refer below for additional charges that apply)

3. For a period of up to 15 days, half the monthly charge is payable. For 15-30 days the monthly charge is payable in full. This is applicable at the time of admission, discharge or death.

4. A trial period of one month may be availed charged for one month. Upon confirmation and continuation of stay, the standard payments mentioned above will be applicable from the date of admission.

5. Monthly charge will be revised every year by Rs.

6. Refund of deposit and last bill settlement will be done within 15 days of discharge or death. Dues not settled will be deducted from the caution deposit.

7. Additional charges include medications; consumables which include diapers, toiletries, additional food/fruit other than what is provided, medical procedures such as wound dressing, IV, catheterization, tube insertions; doctor visits, physiotherapy and ambulance trips with attendant charges upon hospital visits as and when required.

Primary Caregiver (Name):

Date:

Signature:

Place:

TERMS AND CONDITIONS

1. All medicines and consumables for the resident will be provided by Advantage Elder Care and billed monthly.
2. All prior medical records and details with regard to nursing care of the resident to be produced at the time of admission.
3. Any peculiar habits or behaviour of the resident to be informed to the nursing and management team.
4. The director is to be notified of any visits to the resident for any legal reasons.
5. The primary caregivers are requested to enquire about the resident's health updates from the senior nursing staff and not from the nursing aides/assistants.
6. The monthly charges and other payments are subject to being revised annually dependent on the cost variations incurred in providing long term nursing care. However, this will be done in a reasonable manner if and when required and discussed with the primary caregiver.
7. For any queries related to payments, donations, etc., please approach the administration team.
8. If the primary caregiver or family wish to bring anything such as fruits or other consumables, please hand over to the nursing team and not to the resident directly.
9. All valuables, personal belongings or jewellery belonging to the resident to be retained by the primary caregiver and not to be handed over to nursing or other staff. Advantage Elder Care will not be liable for the same.
10. Advantage Elder Care provides long term nursing and palliative care to the elderly. Should the resident require clinic visits or hospitalization, AEC will follow up upon discussion and coordination with the primary caregiver and attending doctor.
11. Prior notice of one week to be given in writing in case of discharge or outdoor visits.
12. In the case of the resident's death, please visit within 21 days of the date of death for formalities and paper work pertaining to the death certificate.

I have understood and acknowledge the above terms and conditions.

Primary Caregiver (Name):

Date:

Signature:

Place:

(Form 1)
MINIMUM DATA SHEET

1. Resident's Name :

First Middle Last

2. Permanent
Address :

3. ID Proof : _____

4. Date of birth : _____ Age _____

5. Marital Status : Married ☐ Never Married ☐ Widowed ☐
Divorced ☐ Separated ☐

6. Father's Name : _____

7. Name of Spouse : _____

Living ☐ Deceased ☐ Date of death _____

8. Gender : Male ☐ Female ☐ Nationality _____

9. Religion : Christian ☐ Hindu ☐ Muslim ☐ Others ☐

10. Children, if any :

Sl. No.	Name	Age	Sex	City of residence	Profession	Qualification
1						
2						
3						
4						
5						
6						

11. Primary Care Giver :

Name _____ Age _____

Relationship _____ Occupation _____

Contact Phone _____

E-mail : _____

Address _____

resident's condition / diagnosis _____

I certify that the above mentioned information is true and complete to the best of my knowledge.

Primary Care Giver

Signature : _____

Date : _____

12. List below the nearest living relatives (to contact in an emergency) Please specify name, address, telephone number, relationship and occupation.

1 _____

2 _____

REFERENCE CUM NOMINATION

Two references / Contact number

1 _____

	Name	Signature	Date
2			

	Name	Signature	Date
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Donations accepted towards:

Advantage Elder Care ☐ Advantage Community College ☐

Name: _____

Address: _____

Telephone No. Mobile : _____ Land Line _____

Amount: Rs _____ In words : _____

Mode of Payment: Cash ☐ Cheque ☐ Other ☐ If other: _____

Kindly contact on _____ Email : _____



In memory of our beloved founder, executive director
and inspired leader, Mr. Shaji Philip

Only a life lived for others is a life worthwhile

- Albert Einstein

The purpose of life is not to be happy. It is to be useful, to be honorable,
to be compassionate, to have it make some difference that
you have lived and lived well.

- Ralph Waldo Emerson

A good man brings out of his good treasure what is good.

- Matthew 12:35



Hunsumarana Halli Post,
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Phone: 080 60121222, 7829592189, 7760628989



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