

# APPLICATION FORM

Application No:



Medico Pastoral Association  
47, Pottery Road, Frazer Town, Bangalore 560005  
Karnataka, India

Phone: 080-25477375 / 25492934

Email: [mpa7333@mpa.org.in](mailto:mpa7333@mpa.org.in) / [medicopastoralassociation@gmail.com](mailto:medicopastoralassociation@gmail.com)

Website: [www.medicopastoralassociation.com](http://www.medicopastoralassociation.com)

**THE MEDICO-PASTORAL ASSOCIATION  
47, POTTERY ROAD,  
FRAZER TOWN, BANGALORE – 560 005.**

**HALF-WAY HOME – BANGALORE**

(To be retained by the applicant's Guardian)

*This is a community based Rehabilitation Centre for the mentally disturbed. A short stay of three to nine months will be most useful. We require full co-operation from the family to visit the resident and for sessions with the primary counselor at dates and time that are mutually convenient. Families would also need to stay at the MPA Guest Cottage for a period of approximately 1 week, at the time of admission. The family is required to work actively through the process of rehabilitation so that they are equipped to welcome the Resident back to the family.*

The persons most likely to be benefited are patients recovered enough to leave the hospital but not yet ready to be with their family or on their own. Other persons with psychosocial difficulties of adjustments to their families and environment will also be considered for admission.

The Half-Way Home provides for easy intermingling of the Staff and Residents in their work and leisure time activities. They will have a comfortable homely atmosphere. We expect that this will increase their self-reliance. The main emphasis is to foster self-help, self-direction and self-management. This will be achieved through group meetings amongst themselves, between them and the Staff, and interaction with their family members. Support will be given to plan their own recreation, worship and social activities. Counseling and family therapy by specialists is available.

The professional staff of MPA will be responsible for counseling and therapeutic requirements.

**Address:** The Secretary  
The Medico-Pastoral Association  
47, Pottery Road,  
**Bangalore – 560 005.**  
Telephone: 25477375 / 25492934  
Email: [mpa7333@mpa.org.in](mailto:mpa7333@mpa.org.in) / [medicobgl@bsnl.in](mailto:medicobgl@bsnl.in)

## **ABOUT THE MEDICO PASTORAL ASSOCIATION**

(To be retained by the applicant's Guardian)

The Medico-Pastoral Association started in 1964, is a secular, voluntary and charitable organization registered in 1972 under the Mysore Societies Act 1960. This Association is presently running a Half Way Home, a Navajeevan Hostel for Extended Care and Long Term Care for the rehabilitation of the mentally ill and emotionally disturbed people. Our endeavor is to facilitate those experiencing rehabilitation to return to society as functional individuals.

Some of the more important activities of the Association are:

### **01) Half-Way Home**

A Half Way Home for 21 persons, both male and female, who are recovering from mental disorders. Rehabilitation work is carried out through therapeutic process such as, Occupational Therapy, Individual Counseling, Group Work, Yoga, Games etc.

### **02) Hostel for Extended Care**

Navajeevan Hostel for 12 rehabilitated persons (men) with mental disorders who require a supportive environment so they readjust to social and work situations.

### **03) Long Term Care**

The Long Term Care stay offered for persons needing a more flexible time period for effective re-integration into family and interdependent functioning in society.

### **04) Services**

#### **Mental Health Information**

The Mental Health Information provides information to the public in regard to mental health and related fields, like hospital facilities, de-addiction facilities, homes for the mentally retarded, Day Care centers, Psychiatrists, Counselors etc.

#### **Family Sessions**

Promote better understanding of mental illness and enhance coping skills of family members.

#### **Building Public Awareness :**

About mental health needs through seminars and workshops.

### **05) Training of staff members & Volunteers**

Provide effective and enhanced professional services.

### **06) Providing field work experience and practical training.**

For University students, whose work and study is in the field on Psychology, Psychiatric social work, Theology, etc.

### **07) Counseling services: with prior appointments**

### **08) Sahai 25497777: Tele counseling Services**

## THE MEDICO-PASTORAL ASSOCIATION

### Fee Structure

#### Monthly fee

<b>a) Half-Way Home</b>	: Rs. 13,800/- per month
Fee Advance (one time)	: Rs. 82,800/- (6 months' fees)
Admission Fee (one time)	: Rs. 1,250/-

<b>b) Half-Way Home under Extended Care</b>	: Rs. 15,300/- per month
Fee Advance (one time)	: Rs. 91,800/- (6 months' fees)
Admission Fee (one time)	: Rs. 2,500/-

#### **c) Navajeevan Hostel under Extended Care:**

Room with 2 beds	: Rs. 16,700/- per month
Room with 3 beds	: Rs. 15,300/- per month
Admission Fee (one time)	: Rs. 2,500/-

#### **d) Navajeevan Hostel for Men under Long Term Care:**

Room with 2 beds	: Rs. 19,550/- per month
Room with 3 beds	: Rs. 16,700/- per month
Admission Fee	: NIL

#### **e) Cottage for women under Long-Term Care**

Room with 2 beds	: Rs. 23,600/- per month
Admission Fee:	: NIL

<b>f) Day Care Fees</b>	: Rs. 6,100/- per month
Fee Advance (one time)	: Rs. 36,600/- (6 months' fees)
Admission Fee (one time)	: Rs. 1,250/-

#### **g) Guest Cottage charges for the families**

(per bed / per day / per person with food)

Before Admission	: Rs. 400
After Admission	: Rs. 350

**f) The maintenance charge of Rs. 100/- per month will be collected at the time of discharge excluding Day Care Residents.**

#### **Note: (Fees excludes Pocket Money and Medication)**

- The period of stay at the Half Way Home is between 9 to 12 months.
- In case of withdrawal of the client within the stipulated time of stay at MPA, a notice of one month has to be given in writing, **failing which a fee of 1 month would be collected in lieu of notice.** Request for discharge should be made in writing, addressed to the Secretary, MPA.
- Payment Options:** Payments must be made in the form of Demand Draft , Cheque or Cash
- Demand Draft in favour of **Medico Pastoral Association**, payable at Bangalore.

## **Refundable Deposit**

### **a) Refundable Deposit: Extended Care**

**Rs. 2 lakhs for 3 bedded room and Rs. 5 lakhs for 2 bedded room.**

This is applicable to the women residents, fifteen months after admission, under Extended Care in the Half-Way Home, and the men in Navajeevan Hostel.

The percentage deduction of refundable deposit at the time of discharge (before deduction of all expenses) is as follows:

Within 1<sup>st</sup> year of admission: 20%

During the 2<sup>nd</sup> year of admission: 15%

During the 3<sup>rd</sup> year of admission: 10%

At the end of three years, if their stay in MPA is required, the respective residents may seek renewal, and the policy applicable at that time will hold good.

### **b) Refundable Deposit: Long Term Care**

**Rs. 3 lakhs for 3 bedded room and Rs. 7 lakhs for 2 bedded room.**

This is applicable to the women residents, four years three months after admission, under Long Term Care in the Half-Way Home, and the men in Navajeevan Hostel.

**Long-Term Care - Women in the Cottage – Refundable deposit is Rs. 8 lakhs.**

The percentage deduction of refundable deposit at the time of discharge (before deduction of all expenses) is as follows:

Within 1<sup>st</sup> year of admission: 20%

During the 2<sup>nd</sup> year of admission: 15%

During the 3<sup>rd</sup> year of admission: 10%

At the end of three years, if their stay in MPA is required, the respective residents may seek renewal, and the policy applicable at that time will hold good.

## **PROCEDURE**

### **Application Form**

Application form for the Half Way Home, is available at a cost of **Rs.150/-** if it is collected from the Office, and **Rs.150 + Rs.50/=** if it is posted within the country.

Application form for Extended Care is available at a cost of **Rs.250/-** if it is collected from the Office. **Add Rs.50/=** extra for postage within the country.

If the Application Form is downloaded from the website, the above mentioned charges as applicable will be collected at the time of receiving the Application

## **ADMISSIONS**

Persons who may want to use the residential / daycare facilities of the MPA are encouraged to first visit the MPA. The Application Form needs to be completed and this includes:

1. Proforma I to be completed by the **patient or a close relative** who is seeking admission on behalf of a patient. It is imperative that 3 photographs are brought and one photograph of the patient be affixed before admission is considered.
2. Proforma II for **acceptance of the conditions** pertaining to the admission.
3. Proforma III to be completed by the **treating psychiatrist**.
4. Recent Physician's report need to be attached

### **Admission Panel**

The completed form as mentioned may then be presented for review by one of the following members on the Panel of our Consultant Psychiatrists:

At St. Martha's Hospital, Nrupathunga Road, Bangalore.

**Dr. Ajit Bhide** – Psychiatry OPD – Monday, Wednesday & Friday – 9.00 a.m. to 11.00 a.m.

At NIMHANS, Hosur Road, Bangalore

**Dr. Mathew Verghese** – Psychiatry OPD – Tuesday and Wednesday- 9.30 a.m. to 1.00 p.m.

**Dr. John P. John** - Psychiatry OPD- Monday and Tuesday- 9.30 am to 1.00 p.m.

At M.S.Ramaiah Hospital

**Dr. T. Murali** – Monday to Wednesday 9.00 am to 1.00 pm

**Dr. Virupaksha** - Tuesday – 9.00 a.m. to 4.30 p.m.

At Kempe Gowda Institute of Medical Sciences, K.R. Road, V.V.Puram, Bangalore

**Dr. R. Raguram** – Psychiatry OPD – Monday to Saturday 11.00 am to 1 pm

At Augment Health (P) Ltd, # 108, St. John's Road, Opp. Lavanya Theatre, Sivanchetty Garden

**Dr. Mohan Sunil Kumar** – Psychiatry OPD Monday to Saturday 9.30 a.m. to 5.30 p.m.

On recommendation for admission by the Consultant Psychiatrist, the admission will be formalized by the Clinical Manager in consultation with Senior Counsellor and this has to finally be endorsed by the Honorary Secretary. In the event of non-availability of a facility, the application may be wait-listed. The Honorary Secretary reserves the right to refuse admission to any applicant and is not obliged to assign any reason for the refusal to the applicant or to the family.

For clearance, the applicant must be taken to any one of the psychiatrists listed, along with the completed Application Form (Proforma I) and the Psychiatrist's Report (Proforma III) Clearance from any **ONE** of the above Psychiatrists is necessary for admission to MPA.

**N.B.** Please submit to the MPA Office, the completed Application form along with the Psychiatrist's report and a clearance, so that you can be put on a **waiting list**. As soon as there is vacancy, you will be contacted and a date and time for the formal interview will be decided on.

#### **Who is a suitable candidate for admission to the MPA facilities?**

- The applicant is functional enough to participate in the programmes.
- The applicant is able to take care of personal hygiene. He / She is able to follow the rules of the Half-Way Home
- The applicant is motivated to stay after being briefed on the Half-Way Home.

Please note that it is essential for the applicant **to be willing to stay at MPA** – according to our terms and conditions, which will be explained in detail at the time of interview.

#### **TWO WEEK TRIAL PERIOD**

Once admission has been endorsed by the Secretary, the candidate is admitted on a trial basis for two weeks. Admission is confirmed upon review by the Secretary, Clinical Manager and the Senior Counsellor.

During the trial period, the staff will work out whether the program is beneficial to the resident and the resident will assess whether he/ she would like to continue the stay at Half-Way Home.

#### **FAMILY PARTICIPATION**

- We emphasize active family participation to ensure continuity of skills learnt at HWH to the home and family situation when the resident returns to his / her own home.
- Families are required to attend sessions once a month and this will be scheduled with particular Counsellor at mutually convenient dates and times.
- MPA offers on Campus, accommodation **for families** at a charge. These charges include both food and stay. The facility is made available on a first come first serve basis and has to be booked in advance. It is provided when families **need** to be in MPA to work actively with the staff towards the rehabilitation goals of their ward.
- At MPA, the House Parents/Warden administer all medication according to the Doctors prescription. At the time of admission, a **current prescription has to be submitted**. A list of articles required for HWH should be collected along with the application form. Kindly bring along all the articles mentioned at the time of admission.
- Both vegetarian and non-vegetarian meals are provided. Please note that we are committed to providing effective rehabilitation services in a home-like atmosphere, but we need co-operation from the family, so make sure that you are ready to participate in our programs before you fill out the application form.
- Anyone aged above 40 years seeking admission would require to submit the latest **medical** report

- Any diet restrictions should be notified.

### **For Applicants from Outside Bangalore**

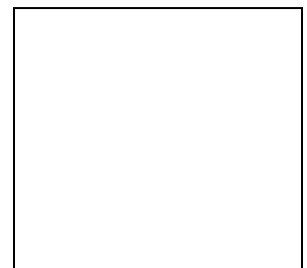
1. All applicants **must be registered** with a local psychiatrist / hospital with psychiatric facility. The choice of local consultant / hospital is left to the guardian seeking admission at MPA, and must be clearly communicated to MPA at the time of admission.
2. A responsible adult local guardian must be named, and preferably introduced to the Senior Counsellor. **The Local Guardian need not be a relative.** The Local Guardian must give his / her consent to perform this role. The Local Guardian is expected to take the resident regularly for psychiatric review and in the event of any emergency or calamity to provide for moving the resident to suitable care.
3. If it is absolutely not possible for the admitting guardian to name a Local Guardian, the Secretary may be approached. The Secretary through the Senior Counselor then deposes one of the staff to perform caretaker duties. This service is against the payment of Rs.250/- only for every trip, to take the resident for psychiatric or medical consultation. Please note that this does not cover the cost of consultation, treatment or conveyance. This will have to be separately met.
4. Local Guardian is also encouraged to take the resident for outings or for a weekend with the permission of Clinical Manager/Senior Counsellor.

### **Additional Information:**

- In case of a temporary discharge from the Half-Way Home or Navajeevan Hostel for admission in another nursing home or hospital, a place may be reserved for a resident, depending on vacancies. For re-admission to the Half-Way Home or Navajeevan Hostel, residents may have to apply again; this will be at the discretion of the Secretary/ Clinical Manager.
- NO new admissions are made on a Friday.
- **No admissions are available for persons whose primary problem is alcohol or narcotic substance dependence.**

**PROFORMA I**

**MEDICO-PASTORAL ASSOCIATION, BANGALORE**





## APPLICATION FOR ADMISSION TO THE HALF-WAY HOME

**Instruction:** This form is to be filled up preferably by the applicant. If the applicant is not able to fill in the form, the same may be done by a parent / relative who is aware of the applicant's history and family situation. The personal details supplied by the applicant will be kept in strict confidence. Please read carefully about our work and our criteria for admission before filling in this form.

### A. PERSONAL DETAILS

1. Name of the applicant :
2. Age and Date of Birth :
3. Sex :
4. Educational Qualification :
5. Marital Status :
6. Religion :
7. Present or most recent  
Occupation :
8. Present or most recent  
Income :
9. Parent's / Guardian's  
Income :
10. Present Address and  
Phone No. (if any) :
11. Permanent Address and  
Phone No. (if any) :
12. Language known :

( Cont'd p. 2)

### B. FAMILY DETAILS

#### 1. Parents:

a) **Mother:** Name:

Mother's age

If not alive,  
(year and cause of death)

Occupation

b) **Father:** Name:

Father's age

If not alive,  
(year and cause of death)

Occupation

2. **Sibling** in Order of Birth

Name

Age:

Occupation

3. **Spouse:** Name:

Age:

Occupation

4. **Children:**

Name

Age:

Occupation

a)

b)

5. **Name, Address & Telephone No. of person to be contacted in case an emergency.**

Name

Address

Phone No. (landline /Mob.)

Email Id

(Cont'd p.3)

**C. HISTORY (Please use additional blank sheets if space provided is not adequate. Please give your own version only)**

1. When and how did the problem start? (In behavior, talk, etc.)

Describe the various changes from the time the applicant was perfectly well.

2. Give details of the course and progress of the illness, including treatment given, hospitalization, etc.

3. What are the present problems and how are they being managed?

4. Please give details of the early development and childhood.

5. Interpersonal relationship of applicant with family. Who does he / she listen to obey, respect, fear, etc. and who does he / she and abhor in the family?

6. Has the applicant had previous experience in rehabilitation programmes? Please give name and number of the programmes?

(Cont'd p.4)

7. The patient has no history of any drug abuse or alcohol abuse or behavioral problems related to these for at least the past two years.

- a) I agree to take the applicant home on weekends and holidays or as recommended by the Half-Way Home Staff.

**b)** I shall be financially responsible for any damage, breakages and accidents incurred by the applicant, which involves damage to the Half-Way Home property and materials.

**8a)** In the event of Medical / Psychiatric emergency, I would prefer my ward to be admitted & managed in Private / Govt. Hospital (Please indicate the name, address & telephone number).

The above statements are true and factual to the best of my knowledge

**Signature**  
**Parent / Guardian / Spouse**

**8b) Approval of the above by the hospital**

Signature of Consultant: \_\_\_\_\_

Name of the Consultant: \_\_\_\_\_

Hospital Seal: \_\_\_\_\_

(Cont'd p.5)

**PROFORMA II**  
**Acceptance of the conditions pertaining to the Admission for a Residential stay**  
**at the Medico-Pastoral Association.**

(To be signed by the guardian plus a local guardian if the former resides away from Bangalore)

I understand that...

1. The monthly resident fee for Half-Way Home will be Rs..... for boarding, lodging, individual counseling, group therapy, occupational therapy, recreational, art therapy & Yoga. An advance equivalent to six months fee is collected at the time of admission, plus an additional deposit of Rs.1000/= for Pocket Money. The fee advance and deposit will be refunded after **a period of one month from date of discharge after adjusting for payment dues (letter of discharge is required in writing only).**
2. **I do agree to participate** or be available to MPA for a period decided as per mutual agreement between the staff of the Medico-Pastoral Association and myself.
3. If a period of hospitalization or further psychiatric medical treatment is found necessary by the referring / consultant Psychiatrist, I have no objection to providing the same / arranging for hospitalization and payment of charges for treatment.
4. I do hereby agree to the conditions that I have been informed and give the authority and voluntary consent for various possible constraints and restrictions which may be enforced on the resident for therapeutic purpose and I shall not hold the Association responsible
5. I understand the fact that the resident is temporarily in the care of Medico-Pastoral Association and this offers no protection in law, criminal acts, including attempted or actual suicide, while as a resident for therapeutic purpose and I shall not hold the Association responsible.
6. Irrespective of improvement, cure or rehabilitation, I am willing to take the applicant back within a minimum period of three months and a maximum period of 12 months. **Any extension or reduction of stay**, will be subject to the decision of the Programme & Therapy Standing Committee of Medico-Pastoral Association. **Confirmation of admission is subject to a two week trial period in the HWH.** I/We understand that the MPA will provide the best possible care for the applicant. However I/We are also aware that the outcome of these interventions is dependent on multiple factors; and a given extent of improvement cannot be guaranteed in every case.'
7. In the event of residents walking out **without permission** or "missing" from the MPA, the Association will inform the police & the family / guardian by the quickest available means. The Association will not be held responsible for the same.
8. Residents are required to follow all the general rules and regulations of the House and in particular to **refrain from violence.**

I have read & understood the above conditions and hereby confirm that I will comply.

- |  |                                      |
|--|--------------------------------------|
| a) <b>Name</b><br><b>Address &amp; Email Id</b><br>Telephone No. | <b>Relationship</b><br><br>Signature |
| b) <b>Name</b><br><b>Address &amp; Email Id</b><br>Telephone No. | <b>Relationship</b><br><br>Signature |

(Cont'd p.6)

### **PROFORMA III**

#### **CONSULTING PSYCHIATRIST'S REPORT**

This Report should be filled in by a qualified psychiatrist. It should contain a psychiatrist's assessment made on the applicant not earlier than one month before the date of application.

**This form should be handed over to the Applicant's Family in a sealed envelope bearing the name, signature and seal of the Psychiatrist to ensure the confidentiality of this Report.**

Doctors may use additional sheets if space provided is inadequate.

Date: .....

1) Name :

2) Age :

3) Hospital Registration No.:

4) Informant (Reliability of Information) :

5) Complaints (and their duration) :

6) History of Present illness :

7) Family History :

(Cont'd p.7)

8) Personal History  
(Developmental, Scholastic :  
Sexual, Marital, Habits,  
Social)

**9)** Personality before illness :

**10)** Psychiatric Diagnosis :

**11)** Prognosis :

**12)** Previous treatments and hospitalizations (include drugs, facts etc., in chronological order)

**13)** Condition at the time of referral to the Half-Way Home (include findings of the MSE)

**14)** Any anti-social behaviour, addiction, convulsion or Suicide attempt or risk.

**a)** Past

**b)** Present

(Cont'd p. 8)

**15)** Psychiatrist's recommendations (include dosages of drugs, occupational therapy, family counseling, etc.)

a) Name of Consultant Psychiatrist:

Tel No.

b) Hospital / Clinic details: Address:

Tel No:

Approval by Psychiatrist:

Signature of Consultant: \_\_\_\_\_

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

Hospital Seal: \_\_\_\_\_

Place:

Date:

(Cont'd p.9)

**RECOMMENDATION BY CONSULTANT PSYCHIATRIST OF ADMISSION PANEL**

I, Dr. \_\_\_\_\_ have gone through the completed application



form of \_\_\_\_\_.

I recommend his / her admission to the

Half-Way Home

Navajeevan Hostel

Extended Care

Day Care Facility of the MPA on a trial basis

**Remarks**

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**Signature**

**Date:**

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**Seal**

(Cont'd p.10)

## **THE MEDICO-PASTORAL ASSOCIATION**

***NEED-LIST*** (ALL RESIDENTS SHOULD HAVE THE FOLLOWING ARTICLES FOR STAY IN THE HALF-WAY HOME)

**CLOTHING:** - 6 Sets of Ordinary Clothing (to wear for every day activity)  
3 Sets of Clothing for Special Functions / Outings

6 Sets of Under-Clothes  
2 Sets of Salwar & Kurta for Yoga – (Ladies)  
2 Sets of Pyjama & Kurta for Yoga – (Men)  
1 Sweater / Jacket  
7 Handkerchiefs

**TOILETRIES:** - Bathing Soap & Soap-Dish  
Washing Soap / Detergent – (Surf / Ariel)  
Tooth-Brush & Tooth-Paste  
Nail-Clipper  
Comb / Shampoo / Cream, etc  
Shaving Kit (for men)

**LINEN:** - 4 Bed-Sheets  
2 Large sizes – Pillow-cases  
2 Bath-size Towels  
2 Hand-Towels  
1 Blanket  
1 Pillow  
Mosquito Net (if required)

**MISCELLANEOUS:** - A small Lock & Key to lock Cupboard  
1 Steel Plate  
1 Steel Tumbler  
1 Steel Katori (Bowl) – for Curd  
1 Steel Side Plate (small size)  
1 Steel Table-spoon / 1 Steel Teaspoon  
1 Large Bucket / 1 Plastic Mug  
4 Hangers for Clothes  
2 Pairs of Foot-wear – 1 for Indoor  
- 1 for Outdoor

**IMPORTANT:** 3 PASS-PORT SIZE PHOTOGRAPHS

Please note that the Residents are **not to have in their possession** the following:-

- 1) Valuable articles such as Jewellery, Cameras, Expensive Watches  
Audio / Visual equipments.
- 2) Cash / Important Documents e.g., Pass-book, Passport.
- 3) Any Medication.

### CHECKLIST

The Admission Committee will have to ensure that all the following documents are obtained. Therefore, the application form must have all the documents listed under 'before admission'.

#### A: Before Admission

**01. Consent** of Local Guardian / Parent to be present for 1 – 2 weeks (especially if there is resistance)

**02. Documents with Application Form**

- Medical report
- Psychiatrist report
- Photographs
- Contract agreeing to– No self harm / harming others / damaging property
- Letter of permission for going out alone / training etc
- Prescription (latest)

**03. Payment ability**

- Assessment form (if concession required)
- Declaration form (for exemption)
- Agreement form (refundable deposit for Extended care)

**B: After admission**

- Written permission for outings
- Names of visitors allowable
- Mental status examination form
- Case intake form
- Asses – blood sugar / weight on admission / discharge
- Quality of life scale (kit from NIMHANS)

**C: Before Discharge**

- Preparation (trial stay at home)
- Goal setting
- Follow up action
- Discharge summary
- Register to be signed by the Committee

**Clearance from Admission and Discharge Committee**

- Consultant Psychiatrist
- Secretary
- Administrator
- Senior Counsellor
- House parents and staff team present