



Ama Wheelies

The Wheelchair Farmers of Jhabachweu

Barry: 079 875 5040
Moses: 079 052 3500
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Farm Rietfontein, Langdraai Gate C6,
Thabachweu

P.O. Box 1236
Lydenburg, 1120

A NPO empowering the rural disabled community of Mpumalanga from Mashishing.

Section 21, NPO: 2008/021003/08
NPO Reg. No: 083-504

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www.amawheelies.co.za

APPLICATION FOR ACCOMMODATION

Personal Details

Name.....
Address.....
.....
.....Code.....
Tel No Cell No.....
Fax No Email.....
I.D No Gender.....
Population Group..... Religion.....
Home Language.....
Other Languages Spoken.....
Highest level of education.....

Medical Questions

Mention type and date of accident & lesion / disease.....
.....
Mention Problems Communicating.....
.....
Chronic Medical Condition other than Paralysis that require regular medical attention.....
.....
Is the applicant able to use either an ordinary toilet or a Disabled toilet?.....
If the answer is NO, how is urinary needs taken care of?.....
.....
Describe the stomach Routine and how Bowl movement is taken care of.....
.....
Describe the type of wheelchair and condition.....
.....

Morning Washing Routine [please complete appropriate of 3 possibilities]

Do you either Shower in Morning..... using a Commode with assistance.....
Or Bath in Morning..... with assistance..... assistance not required.....
Or have a Morning Bed-Bath..... with assistance..... assistance not required.....

Is help required with Transfers..... How many helpers for transfers.....

Financial Situation

Pension and / or other income. State Type, Number and Amount
.....
Any other source of fixed income.....
.....
Compulsory Monthly Expenses
.....
Outstanding Balance of all possible Debts.....
.....

General

Hobbies and / or interests.....
.....
.....

Contact Details of First Next of Kin

Name..... Relationship to Applicant.....
Address.....
.....
.....Code.....
Tel No Cell No.....
Fax No Email.....

Contact Details of Second Next of Kin

Name..... Relationship to Applicant.....
Address.....
.....
.....Code.....
Tel No Cell No.....
Fax No Email.....

Contact Details of a Friend

Name..... Relationship to Applicant.....
Address.....
.....
.....Code.....
Tel No Cell No.....
Fax No Email.....

State any other factors which are relevant to this application
.....
.....
.....

Copies of the following documents must accompany this application:

- 1. Identity document
- 2. Pension card or salary / wage slip
- 3. Doctors script of monthly medical supplies