



ASSOCIATION OF PARENTS OF MENTALLY RETARDED CHILDREN

PROSPECTUS

2018-19

OUR VISION

To reach out to Parents of M. R. Children and to provide a lifetime shelter to their children.

OUR MISSION

To address to the daily needs of M. R. Children and to work for their life enrichment, protection and development.

The Adhar Residential Complex, managed by the Board of Trustees of the Association of Parents of Mentally Retarded Children, Mumbai has set up life time shelter facility for 201 adult mentally retarded at Badlapur.

Head Office Address: (APMRC)

301, Giri Heaven Building,
LBS Marg, Hariniwas Circle,
Opp. Maharashtra Pluwood, Thane (W) 400 602
Tel. No. 9987322050 / (022) 2542 6753 / 25341708

Badlapur Project: (Adhar)

Thakurwadi, Village Mulgaon
Asnoli Phata, Off Barvi Dam Road,
Badlapur (W) Thane 421 503
Tel. No. 8928005272 / 80 / 82

Nashik Project: (Adhar II)

Gat No. 286, Pimpalgaon (Dukra)
B/H Indian Oil Petrol Pump.Ghoti – Sinner Road,
Tal. Igatpuri, Dist. Nashik
Tel. No. 8605014540 / 7447476047

I **RULES FOR ADMISSION:**

1. Parents or Guardian seeking admission for their ward are requested to submit their application in the prescribed form. It should be supported by the following documents, a, b, c, d, e.
 - a. Certificate from Psychiatrist or Clinical Psychologist about the status of Mental Retardation of the ward. Admission will be granted subject to Adhar Psychiatrist's assessment.
 - b. Attested birth certificate for age proof. Preferable for admission is 18 yr. or above.
 - c. Notarised affidavit of the appointment / nomination of the guardian in place of the first applicant (pro forma enclosed).
 - d. Financial Statement of income (form 16), Will, Pension, Insurance provision if any supported by personal documents (can be kept confidential if so desired)
 - e. Parents / Guardian of the female ward should get the hysterectomy of the ward prior to admission and produce medical certificate to that effect. It is essential to maintain proper hygiene and to prevent unnecessary inconvenience to the ward.
2. The Board of Trustees of the Association reserves the right of admission.
3. Options for payment of maintenance charges are separately enclosed.
4. The responsibility of settling the ward's maintenance charges rest with the parents and payment of the fixed maintenance expenditure before 10th of every month is Mandatory.
5. Medical expenses incurred for any medical treatment, Special Diet, hospitalization or investigation will be borne by the parents / guardian.
6. In case of hospitalization Adhar will provide staff only for 3 days. After 3 days Adhar will charge Rs. 1000/- per day to parent for providing care staff at hospital.
7. Subject to vacancy Director or a competent authority of Adhar will grant provisional admission after home visit enquiry. Admission can be revoked on either side within one month if necessary. In such case admission fees and security deposit will be refunded after deducting the ward's maintenance and medical expenses incurred.

II **FACILITIES PROVIDED AT ADHAR:**

The following facilities will be provided by the Association at Adhar

1. Personalised Care & hygiene
2. Psychotherapeutic intervention
3. Psychiatric Care and follow up
4. Balanced Diet, Special Diet for therapeutic cases
5. Physio Therapy, Yoga & Meditation
6. Dental Care, periodic check up and follow up
7. Medical intervention and follow up, round the clock nursing care
8. Dance and Cultural activities
9. Special Classes for Special Children
10. Vocational Training & Toy Room facilities
11. Organised games, picnics & outings
12. Centralised Music and Recreation

III TERMS OF LEAVE AND DISCHARGE:

Parents / Guardian can take children on leave with prior permission from the Director. During leave period maintenance charges will be levied as under:

1. Parents can extend the leave period maximum upto 6 months with prior permission. Parents have to pay full charges during the leave period.
2. Before the expiry of 6th month Parents / Guardian will have to give a letter in writing and reason for their ward's continued leave. The matter will be placed before the Board of Trustees for their consent.
3. In the absence of such letter, the name of such ward will be deleted from the roster.
4. Parents / Guardian should settle all outstanding dues till the date of the wards removal of name from Adhar muster.
5. After the wards withdrawal or discharge from Adhar, if Parents / Guardian seek readmission, the same will be considered new admission and the parents / guardian is liable to pay the regular admission & security deposit as prevailing at the time of readmission.
6. Security Deposit will be refunded only on providing original receipt.

IV GENERAL RULES FOR THE PARENTS / GUARDIANS:

1. In case of illness, accident or emergency situation, Association holds the right to move the ward to appropriate institute without the prior consent of the parents / guardian and if required sign authorization of anesthesia or surgery.
2. While the Association will take every care and precaution for the well being of the ward, following eventualities causing Physical or Mental injuries to the inmate cannot be ruled out
 - a. Accidents inside or outside the premises
 - b. Road Accidents while on picnics or on outings
 - c. Unforeseen accidents. In any such unforeseen events Adhar authorities will not be held responsible.
3. Hospitalisation beyond our jurisdiction (Badlapur – Ambernath) or (Sakurphata to Ghoti / Bhagur) is Parents Responsibility. It is expected that parents or their representative is present while hospitalisation.
4. Institutional staff help will not be provided for outside trip or escorting etc.
5. Administering medical prescription to our children will be as advised or endorsed by our Medical Officer.
6. Parents are advised not to keep any cash, jewelry or any valuables with their ward.
7. Parents are advised not to give personal gratification or gifts to any member of staff.
8. Association is free to engage wards in educational or vocational training activities as it may deem fit. Parents or guardian cannot claim any remuneration for such activities engaged.
9. It is expected that Parents / Guardian visit their wards on working hours on Saturdays / Sundays at least once in two months.

10. While parents can give light refreshments etc. when they visit their ward, it is suggested that they feed them privately. Parents are requested to refrain from over feeding.
11. In case of demise of a parent / guardian who has signed the documents the surviving guardian will inform Adhar in writing immediately about the alternate guardian in place of the original applicant.
12. In case of the death of the ward, parents / guardian will be informed by the fastest means available. In case the parents fail to arrive or long delay, with proper medical certificate Adhar has the right to dispose of the body in a dignified manner.
13. In case any change in telephone number, contact address or traveling abroad, the parents / guardian are expected to let Adhar know about it well in advance.
14. In case of damage to property or fixture by the wards parents / guardian are liable to pay for the institutional loss.
15. ADHAR being managed by Parents Association, suggestions from parents / guardian for the development of Adhar, Fund Raising, Resource Mobilisation etc. according to their capability is expected. Parents wishing to serve Adhar should contact Chairman for details at Thane Office.

I agree to abide by the rules and regulations framed as above I to IV and the clause mentioned there under. I also understand that the Association reserves the right to revise the guidelines from time to time as found necessary.

Signed before me

Director
Date

Parent / Guardian
Date

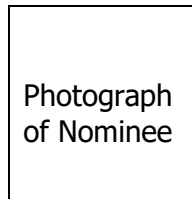
(to be typed on Rs.100/- Stamp Paper with notary signature)
proforma for nomination

I Mr. / Mrs. **(Parent Name)** parent / guardian of **(Ward Name)** do hereby solemnly nominate Mr. / Mrs. **(Name of Nominee)** that in my absence the whole responsibility of my son/daughter **(Ward Name)** admitted at Adhar will be with Mr. / Mrs. **(Name of Nominee)** who is authorized to conduct all the dealings including payment of maintenance charges and medical expenses of my son / daughter **(Ward Name)**. The signature of my nominee Mr. / Mrs. **(Name of Nominee)** for accepting the nomination of my Son / daughter **(Ward Name)** as guardian in my absence is given below in my presence.

I do hereby ready to accept the whole responsibility of **(Ward Name)** in the absence of Mr. / Mrs. **(Parent Name)**.

Signature of Nominee
Name / address & Tel. No. /
Email ID Of Nominee

Office Address & Tel. No.



Signed in the presence of
(Name / address & Tel. No. &
Email)

Signature of Witness

Signed by me in the year _____ dated _____

Signature

Tel. No. (Off.)- 25426753 / 25341708
(Badlapur Project)- 8928005272 / 80 / 82
(Nashik Project) – 8605014540 / 7447476047

Association of Parents of Mentally Retarded Children, MUMBAI

(Mumbai Public Trust Act. Reg. No. E-12772, Mumbai)

Exemption under 80(G) of Income-Tax Act 1961

Registered Address: 5A/14, Pareira Nagar, Khopat, B/H S. T. Workshop, Thane (W) 400601

Office & Correspondence Address: 301, Giri Heaven, LBS Road. Hariniwas Circle, Thane (W) 400602

Email: Contact@adhar.org **Website:** www.adhar.org

FINANCES AND MAINTENANCE CHARGES

1. Parents seeking admission for their ward at Adhar are required to enroll themselves as a life-member of the Association by paying Rs. 5000/- (Rs. Five Thousand Only).
2. Admission fees of Rs. 1,00,000/- (Rs. One Lac Only)
3. A security deposit of Rs. 50000/- (Rs. Fifty Thousand only) (**refundable only on submission of original receipt**)
4. In case of '**Waiting List**' Payment Terms for registering the name are as follows -
 - **1st installment of Rs. 55000/-** (i.e. Life-membership Fees of Rs. 5000/- + Part Payment of Admission Fees of Rs. 50000/-).
 - **2nd installment of Rs. 1,00,000/- to be paid on confirmation of date of admission** (i.e. Rs. 50000/- Balance admission fees + Security Deposit of Rs. 50000/-).
 - Actual admission may take time of 6-12 months.
 - Admissions will be on first come first basis.
5. The monthly maintenance charges for FY 2018-19 (w.e.f April 2018) are Rs. 12000/- (Rs. Twelve Thousand Only) (Subject to change) + Medical Expenses as per actuals. out station parents are requested to make payments by demand draft only.
6. Adhar being managed by the Association of Parents of Mentally Retarded Children and parents as members of the Association has a responsibility to get involved in raising funds to enable the Board of Trustees to maintain a fixed amount as maintenance charges and to raise funds for its various development projects.

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Vishwas Gore
Chairman

Ref. No.: ADH/T/
Date:

MEMBERSHIP APPLICATION FORM

1. Full name of applicant :
2. Residential Address :
3. Tel. No. / Mob. No. :
4. Email ID & PAN No. :
5. Off. Address & Tel. No. :
6. Relationship with MR Child :
7. Name of M.R.Child :
8. I.Q.of Child :
9. No. of Siblings :
- (Please mention all – please attach separate Sheet if siblings are more than 2)
10. Name of Sibling - 1 :
- Address & Tel. No. Email & Occupation :
11. Name of Sibling – 2 :
- Address & Tel. No., Email & Occupation :
12. Name / Address & Tel No. & Email of Nominee :
11. Relationship of nominee with Applicant :

I desire to be life member of the Association. Cheque/DD for the membership fees of Rs. 5000/- is enclosed.

Date:

Signature of Parent

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Email: Contact@adhar.org **Website:** www.adhar.org

Vishwas Gore
Chairman

Ref.No: ADH/T/
Date:

Admission Form

1. Name of Child: _____
2. Date of Birth: _____
3. Physical Details: _____
Height: _____ Weight: _____
4. Defects other than Mental Retardation
 - Eye Sight: _____
 - Hearing ability: _____
 - Speech defect: _____
 - Walking: _____
5. Daily Routine
 - Sleeping Time (Bed Wetting): _____
 - Meals
Veg./Non Veg.: _____
 - Takes independently /dependent: _____
 - Bath/Toilet (Dependent/independent): _____
 - Wearing cloths independently or not: _____
 - What type of help is needed: _____
 - _____
 - _____
 - _____
6. Health
 - I.Q.: _____
 - Epilepsy (Frequency): _____
 - Treatment: _____
 - Any other illness: _____
 - Name & Tel. No. Of Doctor and Psychiatrist: _____
 - _____
 - _____
7. Occupation (At present what he/she is doing) Give details

Date: _____

Signature: _____

Required Documents:

IMPORTANT:

1. Certificate of Mental Retardation of inmate (Govt. Hosp.)
2. Acceptance letter from Nominee with PAN , Aadhar Card & income Proof (Responsible person in the absence of Parent or Guardian) on Rs. 100/- stamp paper with notary.
3. Income Proof of parents - Copy of I.T. Returns of Guardian or Parent.
4. Plan of long term financial provision for continued payment of maintenance expenses of your ward at Adhar (Please provide proof)

GENERAL:

1. Membership Form & Admission form duly filled in
2. Acceptance of Rules & Regulations of the Association duly signed by Parents
3. Xerox copy of PAN Card & Aadhar Card of Parent / Guardian
4. Xerox Copy of Ration Card (Parent / Guardian)
5. Xerox Copy of Electric Bill or any other address Proof of Parents or Guardian
5. Birth Certificate (Ward / MR Child)
6. Psychological Report (Ward / MR Child)
7. Aadhar Card (Ward / MR Child)
8. Pass port size Photo -3 (Ward / MR Child)
9. Pass port size Photo -1 (Mother's)
10. Pass port size Photo -1 (Father's)
11. Family Photo -1 (Postcard size / or separate photographs of family members)

Medical

(Can be submitted at the time of Admission)

1. Medicines (if any) Stock for 1 Month
2. Medical Reports
 - a. Chest X- Ray
 - b. Blood Test (WBC, Sugar, ESR.)
 - c. Urine Test
 - d. Kidney test
 - e. Please describe if any specific disease (attach paper)

If you have already submitted the above papers please ignore.

Requirement of Clothes:

- | | |
|------------------------|---------|
| 1. Clothes | 4 pairs |
| 2. Towel | 1 |
| 3. Blanket | 1 |
| 4. Chaddar | 1 |
| 5. Inner Wear | 4 set |
| 6. Bed sheet | 2 |
| 7. Tooth Brush | 1 |
| 8. Pillow Covers | 2 |
| 9. Sweater | 1 |
| 10. Woolen Monkey Cap. | 1 |