



**TEMPORARY STAY, UNDERTAKING TO PAY FEES**

This form must be signed by a person applying for temporary stay in an RMBI Care Company Home, or by those acting on their behalf

Name of applicant \_\_\_\_\_

Personal Home address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, guarantee that I, or those acting on my behalf, will pay fees for my care during

my stay at \_\_\_\_\_ as follows (please select option applicable to you and cross out the other one):

- a) The full RMBI Care Co weekly of £\_\_\_\_\_ \*  
I understand that the fees for my stay will be calculated on the number of days of stay
- b) The personal weekly contributions assessed by local authority

\* I understand that the RMBI Care Co will only accept funding from a local authority, where that funding is confirmed prior to my admission. If a new arrangement is proposed by a local authority and is accepted by the RMBI Care Co, a new undertaking is required. I understand any new arrangement cannot be applied retrospectively.

I undertake to ensure that the room is vacated on \_\_\_\_\_.

I confirm that I will inform the Home Manager if I wish to extend the temporary stay if the room is available. I also confirm that it has been explained to me that the temporary stay could be up to 6 months only and that if I wish to continue my residency beyond 6 months and the room is available, I would need to complete additional documents required for permanent stay residents. I also agree that if I do not complete the said documents but continue to reside at the Home, all the RMBI Care Co policies applicable to permanent stay residents will be applicable to me.

The RMBI Care Co reserves the right to terminate any temporary stay occupancy where fees have not been paid and/or where the RMBI Care Co has not received information requested.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship (If applicable) \_\_\_\_\_ Date \_\_\_\_\_