

Care Manager's Report

APPLICATION FORM

It would be appreciated if you filled in the sections below as fully as possible. We have found that the more information we have concerning clients before they come to stay with us helps greatly in providing the right sort of continuing care from the start. Thank you for your time.

Name of client:

Contact Details	Name	Address	Phone No.
Care Manager			
Psychiatrist			
GP			
Other Professional			
Next of Kin			

Past Care Home/Hostel placements

Name and Address	Dates	Type of Home	Reason for Leaving

Educational standard reached, please mention any learning difficulties.

Employment or voluntary work record

Employer & Address	Dates	Nature of Work	Reason for Leaving

Addictions/Drug Involvement: Please outline any addictions, including alcohol, the client has and any past or present use of non-prescribed drugs.

Please give any signs and symptoms that may indicate a lapse into any of the above addictions, or that one may be imminent.

Financial arrangements

Has funding been arranged for our fees of £per week? Yes/No (if no figure present, please ask for the current rate)

Who will be responsible for this payment? _____

Has this been agreed? Yes/No

Is the client on a section 117 (or will he/she be, if currently in hospital)? Yes/No

Has the client been awarded DLA? Yes/No

If **YES**: What rates? Care: Lower/Middle/Higher &/or Mobility: Lower/higher *Delete as appropriate*

Does the client know that his/her weekly allowance will be about £20 plus any payable DLA (mobility)? Yes/No

Does the client have any financial commitments i.e., unpaid loans, debts, maintenance for children? If so please give details.

Criminal record: Please give details of any un-spent offences and dates.

Are there any court appearances outstanding? If so please give details.

CPA / Care Plan

Please enclose the most recent health and social services Care Management Assessment (CPA) and single Care Plan.

Risk Assessment: Please provide a detailed risk assessment, identifying any known or suspected aspect which may be a risk to the client, or anyone else. Please include any assessment relating to the Mental Capacity Act 2005 or any POVA related issues.

Please give known details concerning client's family:

Parents/Step parents/Foster Parents Approximate ages, client's feelings towards them, family dynamics etc.

Brothers/Sisters: Approximate ages, where client comes in family structure. How close does the client feel to them?

Details of any other significant relative/friend

Case History: Please give as full a case history as possible including expected benefit of the client coming to Crossways.

Case History continued...

If necessary, please continue on a separate sheet.

I, on behalf of my local authority, I agree to support this client whilst they are at Crossways should his/her application be successful.

Signature

Date

Please print name