

**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.

<b>Name of client:</b>
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Contact Details	Name	Address	Phone No.
Care Co-ordinator			
Psychiatrist/ Responsible Clinician			
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**

Have you been informed of the weekly fee? **Yes / No**  
Has funding been agreed for our fees **Yes / No**

Who will be responsible for this payment? \_\_\_\_\_

**Client benefits & Contribution**

Has the client been awarded DLA (PIP)? **Yes / No**  
If **YES**: What rates? Care: **Lower / Middle / Higher**  
&/or Mobility: **Lower / Higher**

Is the client on a section 117 (or will he/she be on discharge, if currently in hospital)? **Yes / No**  
**If No**, does the client know that his/her weekly allowance will be about £24 plus any Mobility DLA? **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/DBS 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 towards 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 Community should his/her application be successful.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Please print name*

*Recognising potential, encouraging independence, achieving self-worth*