

Care Manager 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 applicants before their interview with us helps us greatly in assessing the right level of support needed. Thank you for your time.

Name of Applicant

Contact Details	Name	Address	Telephone No. Email address
Care Manager			
Psychiatrist			
G.P.			
Probation Officer			
Next of Kin			

Past Care Home/Hostel placements

Name and Address	Dates	Type of Home	Reason for leaving (if evicted please give reason why)

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

Is the client in receipt of any benefits (i.e. Income Support, Incapacity Benefit, DLA etc.) and how much is being paid?

Does the client receive money from any other source?

Does the client have any savings?

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

What benefit is envisaged to the applicant in coming to Culverdale?

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 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.

If necessary, please continue on a separate sheet.

I, on behalf of my authority, agree to support this client during their probation period at Culverdale (usually 6 months). During this time, I may wish to contact the Tunbridge Wells CMHT to discuss a transfer CPA

Signature

Date : _____

Please print name