



Social Services Adult Day Services Application Form

Eligibility Criteria for Adult Day Services

1. Assessment/Approval by Adult Care and Assessment Team which indicates that our services may be able to meet the particular needs of the applicant.
2. Services are for adults from 16 years of age who have a learning disability, a physical disability, a sensory impairment and/or special needs.
Priority will be given to those people between the ages of 16 and 65.
3. Services are for people who live in Clackmannanshire or for whom Clackmannanshire Council has a responsibility.

Services could be provided for those who live out with Clackmannanshire and for whom Clackmannanshire Council has no responsibility if an appropriate financial agreement is reached.

Important note: The Data Protection Act 1998, obliges Social Services to make information, accessible to the subject of the information unless there are good reasons for withholding it. In receiving information, the service will assume that it can be disclosed to identified service provider partners, without further reference to the source, unless the information contains a clear indication to the contrary.

CLACKMANNANSHIRE COUNCIL

APPLICATION FOR DAY SERVICE

Type of Service Applied For:-
(Tick more than one if applicable)

- Whins Resource Centre Bathing Service Whins Resource Centre
- Centre Space
- Supported Employment Service

PERSONAL INFORMATION			
Name of Applicant:		Date of Birth:	
Address:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Post Code:			
Tel. No.			

EDUCATION (School Leavers only)			
Name of School:		Address:	
Tel. No.			
Contact:			

ADDITIONAL INFORMATION REQUIRED (to progress with application)

School Leavers Only

- School Report Attached
- Psychologist Report Attached
- Any other relevant report Attached

REASON FOR APPLICATION:

Following Assessment of Needs, what level of Service is being requested:

ASSESSMENT OF TRANSPORT REQUIREMENTS WILL BE CARRIED OUT BY ADULT DAY SERVICES (CLACKMANNANSHIRE APPLICANTS ONLY)

Is the applicant a wheelchair user? **YES** **NO**

If yes, Please Give the Following Information re Wheelchair

Make: Weight:

Model: Serial Number:

Is the applicant able to transfer on to a bus or car seat. **YES** **NO**

With/without assistance? **YES** **NO**

Is Equipment required for transfer? **YES** **NO**

If yes, Please Specify below

ADDITIONAL INFORMATION

EXPECTATIONS OF THE APPLICANT AND/OR REFERRER:

CARER / PARENT / SIGNIFICANT OTHER'S EXPECTATIONS:

DOES THE APPLICANT REQUIRE SUPPORT WITH PERSONAL CARE (Specify support including any equipment used)

COMMUNICATION SUPPORT :(specify support including any specialists equipment)

ARE THERE ANY POTENTIAL PERSONAL SAFETY ISSUES FOR STAFF (This could be in relation to the individual or their environment).

OTHER RELEVANT INFORMATION

PERSONAL HEALTH MEDICATION INFORMATION:

Diagnosis/Medical Condition

Does Applicant Suffer from any of the Following?

Epilepsy

YES NO

Heart Disease

YES NO

Diabetes

YES NO

Allergies

YES NO

If **YES** please give details:

MEDICATION

Does Applicant take any Medication?

YES NO

Is assistance required with medication?

YES NO

If **YES** please give details:

DIETARY REQUIREMENTS

Are there any special dietary requirements **YES** **NO**
If **YES** please give details:

Is assistance required with eating? **YES** **NO**
If **YES** please give details:

Has Applicant received a copy of the Application Form? **YES** **NO**
(If not can you please explain the reason for this)

N.B. Adult Care Assessment to be attached to all Applications

REFERRER INFORMATION

Name: _____ **Tel. No.:** _____

Address: _____ **Fax No.:** _____

E-Mail: _____

Post Code

Designation

Signature of Applicant: _____ **Date:** _____

(If Applicant unable to sign)
Signature of Designated Person: _____ **Date:** _____

Equal Opportunities Policy Statement

Clackmannanshire Council believes that equality of opportunity should be a guiding principle in all of its activities. The Council is actively working towards the elimination of Policies and Practices which discriminate. It is opposed to any form of discriminatory practices on grounds including:

- Gender, marital status, religious belief, disability, race, ethnic origin, colour, nationality, political belief, sexual orientation, socio-economic status and age.

We are actively working towards the elimination of all discriminatory practices and will develop training and monitoring strategies to ensure that the Policy is embedded in all Council services.

If you have any queries about this form, please contact:

Team Manager
Whins Resource Centre
Whins Road
Alloa
FK10 3SA
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Fax: 01259 226803