



NORSACA
quality of life for people with autism

Eastwood House, 10 Mill Street, Clowne, Derbyshire, S43 4JN

APPLICATION FOR ADULT SERVICES

Date Application Form Requested:

Service required: Day Residential Outreach Support Supported Living

Applicant Details:

Name:	Date of Birth:
Address:	Gender:
	Religion:
Telephone No.:	

Parent / Guardian / Carer Details:

Father / Guardian / Carer Name:	Mother's Name:
Address:	Address: <i>(if different from opposite)</i>
Telephone No.:	Telephone No.:

Siblings: <i>(Please list)</i>	Gender:	Date of Birth:



Communication:

Applicants first language?:	
Does the applicant use spoken language? <i>(please describe)</i> :	YES / NO
Use of gesture / mime <i>(please describe)</i> :	
Articulation, e.g. echolalic, stilted speech, etc <i>(please describe)</i> :	
How much can the applicant understand what is said to them? <i>(please describe)</i> :	

Relationships *(please describe)*:

With Family:	
With Other young people:	
With Adults:	
Has the applicant lived away from home before <i>(give details)</i> :	YES / NO



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Motor Co-ordination *(please describe):*

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Self Care:

Can applicant:

	Independently ✓	Verbal Prompt ✓	Physical Assistance ✓
Use knife and fork			
Bathe him / herself			
Clean teeth			
Comb hair			
Wash hair			
Manicure / pedicure			
Get up without being called			
Change clothes appropriately			
Shave (wet / electric)			
Dress him / herself			
Know when to change clothes			
Personal hygiene			
Clean shoes			
Prepare drinks / snacks			



Social Adequacy:

Any difficulties with:

Using toilet adequately	- day	YES / NO
	- night	YES / NO
Eating (<i>please describe</i>):		
Sleeping (<i>please describe</i>):		
Obsessions and ritualism (<i>please describe</i>):		
Is the applicant over active?		YES / NO

Behaviour Problems (*please specify*):

	Yes ✓	No ✓	Additional Comments
Temper tantrums			
Aggression			
Self Injury (biting, hitting, head banging)			
Destructiveness (breaking, chewing)			
Screaming / roaring			
Running away			
Tearing			



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Any other information:

Educational Attainments:

Can applicant:

<u>Can applicant:</u>	Yes ✓	No ✓	Additional Comments
Read (<i>please specify</i>)			
If not, can they recognised signs such as 'Keep Out', 'Do Not Touch', 'Ladies / Gentlemen'?			
Write (name / letters)			
Tell time			
Recognise money			
Do they have any idea of purchasing power of money?			



Leisure Activities:

How does the applicant like to spend leisure time?

	Yes ✓	No ✓	Additional Comments
<u>Outdoors</u>			
Can they use public transport?			
Are they reliable in traffic?			
Can they play ball games?			
Can they swim?			
Can they ride a bicycle?			
Any other information:			
<u>Indoors</u>			
Can they use a computer?			
Can they watch television?			
Can they play musical instruments?			
Can they play card games?			
Can they play skittles?			
Can they play table tennis?			
Can they play badminton?			
Any other information:			



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Occupational Skills – (please specify):

Likes (please specify):	Dislikes (please specify):
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How long will they concentrate on any given task?

Are they able to accept direction and work without constant supervision?	YES / NO
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Areas of support shown by applicant:

Any other relevant information:

Please attach reports from Schools / Hospitals / Adult Training Centres, etc.

Have you applied to any other facility for placement?	YES / NO
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If YES, please state:

How did you learn of the services NORSACA provides? Who did you contact to request this Placement Application Form?
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Funding:

Does Social Services Department support this application?	YES / NO
Is this application placement being funded by Social Services?	YES / NO
Is this application placement being funded by Aiming High Funding?	YES / NO
Is this application placement being funded by Carers' Grant funding?	YES / NO
Please specify any other funding that is being used:	

We acknowledge and understand that this form should be returned to the address below within 4 weeks of the date it was requested, to enable Assessment visits to be arranged.

Signed by person completing this form:	
Print Name:	
Relationship to applicant:	
Date:	
Signed by Social Worker or other professional supporting this application:	
Print Name:	
Date:	

Social Worker Contact Details:

Name (<i>please print</i>):	
Address:	Tel. No.:
	Fax No:
	Email:
Sponsoring Authority:	

Please return completed form to: -

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10 Mill Street
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S43 4JN

Fax: 01246 810207

Email: info@norsaca.org.uk