

REPORT OF SOCIAL WORKER

1. SURNAME: _____

FULL NAMES: _____

DATE OF BIRTH :

ADDRESS: _____

TELEPHONE NO: _____ (Code: _____)

CELLPHONE NO: _____

2. FAMILY COMPOSITION AND RELATIONSHIPS:

3. PERSONAL DETAILS (personality, interests, adaptation in group situation, etc.)

4. SOCIAL CIRCUMSTANCES:

Care: ☐ Care for him-/herself ☐ Cared for by children/family/friends/other

Quality Care: ☐ Good ☐ Fairly ☐ Insufficient

Social Contacts: ☐ Sufficient contact with family/ extended family/friends

☐ Contact very limited

☐ Lonely

Social adaptation: ☐ Well-adapted

☐ Social situation difficult

☐ Depressed

☐ Behavioural Problems

Motivation: _____

5. **ENVIRONMENTAL AND HOUSING CONDITIONS (Living conditions, motivation for recording, home problems):**

- 5.1 **CURRENT HOUSING:** ☐ Own Home ☐ Rental House ☐ Boarding House
☐ Home for the elderly ☐ Hospital ☐ Live with others
☐ Live with children ☐ Apartment ☐ Shelter ☐ Retirement Resort
- 5.2 **Certainty concerning current accomodation:** ☐ Indefinite ☐ Uncertain

☐ Must leave ☐ Can stay, but circumstances not suited for elderly

Provide Reasons:

6. **PHYSICAL AND PSYCHIC CONDITION**

Is the applicant able to: **YES or NO to SOME DEGREE**
(indicating with √)

6.1 **Physically**

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| * Preparation and cooking of own meals | ☐ | ☐ | ☐ |
| * Keep the house clean | ☐ | ☐ | ☐ |
| * Bath themselves | ☐ | ☐ | ☐ |
| * Dress themselves | ☐ | ☐ | ☐ |
| * Eating without assistance | ☐ | ☐ | ☐ |
| * Move around freely and without assistance | ☐ | ☐ | ☐ |

Health: *(Indicate with √)* Good ☐ Erratic ☐ Weak ☐

6.2 **PSYCHIC (poor memory, comprehension, depression, psychosis, aggressive behaviour):**

Check mark. (✓) Clear Thoughts ☐ Forgetful ☐

Signs of carelessness ☐ Clear signs of dementia ☐

Psychiatric report attached? Yes ☐ No ☐

6.3 **Drug dependence:** (alcohol, marijuana, prescription medications, etc.)

7. **ECONOMIC CIRCUMSTANCES:**

8. **REASONS FOR ADMITTANCE** (age, social circumstances, home problems, bodily and physical impairment, economic circumstances, concatenation):

9. **SERVICES ALREADY RENDERED** (as well as other home applications):

10. **RECOMMENDATION** (Specify type of placement, e.g. room, sick bay, flat):

11. **MOTIVATION REGARDING NON-ELDERLY/DISABLED:**

12. **How long is the applicant known to you?** _____

SOCIAL WORKER

NAME OF ORGANIZATION

DATE

Registration No.: Social worker