



## **SECTION ONE – BASIC INFORMATION:**

*Applicant Young Person's Name:*

*Current Address:*

*D.O.B:*

*Age:*

*Telephone:*

*Racial Origin:*

*Religion:*

*Legal Status (Full Care Order, etc.):*

*Social Worker:*

*Office Address:*

*Telephone:*

*Fax:*

*Emergency Duty Team:*

*E mail address:*

*Emergency contact:*

*Address:*

*Emergency telephone:*

*Relationship:*

*General health (please include any medication/allergies, etc.):*

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## **SECTION TWO – FAMILY STRUCTURE:**

*Mother/Stepmother:*

*Father/Stepfather:*

*Siblings (sex and age):*

*Is the young person a parent?*

Yes/No

*Children (if any, sex, age, care order info.):*

*Significant others:*

## **SECTION THREE – CURRENT SITUATION:**

*Current/most recent placement:*

*Reason for conclusion/breakdown:*

*Is individual in:*

*Training?*

Yes/No

*Education?*

Yes/No

*Employment?*

Yes/No

*If yes to any, where?*

*Any previous court convictions?*

Yes/No

*Date:                      Offence:*

*Unspent sentence/Unpaid fines:*

*You must include the most recent court report (if applicable)*

*Any outstanding charges?*

Yes/No

*Court Date:                      Charge/Offence*

*Is the young person eligible for housing by placing authority?* Yes/No

*Is the young person eligible for DSS benefits when they are 18?* Yes/No

*Does individual have a history of:*

*Drug/substance abuse?* Yes/No

*Self-harm/Injury?* Yes/No

*Violence?* Yes/No

*Mental Health Issues?* Yes/No

*Absconding?* Yes/No

WE DO NOT ACCEPT YOUNG PEOPLE WITH A HISTORY OF FIRE RAISING OR ARSON

## **SECTION FOUR – YOUNG PERSONS' CAPABILITIES**

*Can the young person appropriately budget approx. £45 on food, utilities, television, stamps, clothing and leisure etc.?* Yes/No

*Is the young person able to cook a balanced, nutritional meal?* Yes/No

*Is the young person aware of how to deal with basic household tasks and appliances (e.g. can use and empty a vacuum cleaner, can read and recognise laundry symbols etc.)?* Yes/No

*Will the young person contact the appropriate emergency service asap in the event of trouble with their utilities/friends at their accommodation?* Yes/No

*Is the young person able to keep themselves and their belongings in a generally neat and tidy state?* Yes/No

*Is the young person able to deal with issues in an appropriate manner (i.e. without verbal abuse/aggression)?* Yes/No

*Does the young person have a drug free lifestyle?* Yes/No

*Is the young person signed up with, and aware of how to access GP services, opticians, dentist's etc.?* Yes/No

## **SECTION FIVE – SOCIAL WORKER ASSESSMENT**

*Please enclose with this application form the following:  
the most recent Social History Report  
Psychologist/Psychiatrist Report (if applicable)  
Applications will not be considered without this information*

*Your comments and assessments of the individual's needs (please note that as we do not carry out formal assessments, it is the social workers' responsibility to make an appropriate referral):*

***As we rely on the accuracy of the information on this application form to determine the level of service required, and the appropriateness of the placement, any misleading or false information may lead to the termination of the placement and legal action taken***

***Next Step Care Management Limited does not accept responsibility for the care of children associated with the named applicant.***

Signed:

Date:

Name (printed):

Please return to:  
Next Step Care Management Ltd, The Albany, Douglas Way, SE8 4AG  
Tel: 020 8692 1222 Fax: 020 8692 8916

Please state how you came to hear of this organisation.