**Ich melde mich für folgendes Angebot an:**

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| --- | --- | --- |
| Wohnheim Flora | Wohnheim Bättigmatte | Wohnheim Schäfliwiese |
| Wohnen und Tagesstruktur | nur Tagesstruktur (für Externe) | Begleitetes Wohnen  (Sozialbegleitung/Psychiatriespitex zu Hause) |

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| **Personalien** | |  | | | | | |  | |  | | | |  | | |
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| Familienname: |  | | | | |  | | | Vorname: | | | |  | | | |
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| Geburtsdatum: |  | | | | |  | | | Beruf: | | | |  | | | |
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| Zivilstand: |  | | | | |  | | | Mailadresse: | | | |  | | | |
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| Heimatort: |  | | | | |  | | | AHV-/IV Nummer: | | | |  | | | |
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| Wohnadresse: |  | | | | | | | | Telefon: | | | |  | | | |
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| Zivilrechtlicher Wohnsitz: | identisch mit Wohnadresse | | | | | | Anderer: | | | | | | | | | |
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| **Adressen** |  | | | | | | |  | |  | | | |  | | |
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| Hausarzt: |  | | | | | | |  | | Telefon: | | | |  | | |
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| Adresse: |  | | | | | | | | | | | | | | | |
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| Facharzt: |  | | | | | | |  | | Telefon: | | | |  | | |
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| Adresse: |  | | | | | | | | | | | | | | | |
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| Wichtige Bezugsperson: |  | | | | | | |  | | Telefon: | | | |  | | |
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| Adresse: |  | | | | | | | | | | | | | | | |
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| Bezugsgrad: | (Ehe)Partner | | Eltern | Geschwister | | | | | | | | Kinder | | |  | |
|  |  | | | | | | |  | |  | | | | |  | |
| Gesetzlicher Vertreter: |  | | | | | | |  | | Telefon: | | | | |  | |
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| Adresse: |  | | | | | | | | | | | | | | | |
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| Bezugsgrad: | Umfassender Beistand | | | | Mitwirkungsbeistand | | | | | | | | | | | Begleitbeistand |
|  | Vertretungsbeistand: | | | | Vertretung in den Bereichen: | | | | | | | | | | | |
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| Krankenkasse: |  | | | | Versichertennummer: | | | | | | | | | | |  |
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| **Renten** |  | | | | | | |  | |  | | | |  | | |
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| IV-Rente: | ja seit Rente in Prozent       % | | | | | | | | | | nein | | | | | in Abklärung seit |
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| Ergänzungsleistung: | ja seit | | | | nein | | | | | | | | | | | in Abklärung seit |
|  |  | | | |  | | | | | | | | | | |  |
| AHV Rente: | ja seit        nein | | | | mit Besitzstandsgarantie | | | | | | | | | | | ohne Besitzstandsgarantie |
|  |  | | | | | | |  | |  | | | |  | | |
| Hilflosenentschädigung: | ja seit | | | | nein | | | | | | | | | | | in Abklärung seit |
|  |  | | | | | | |  | |  | | | |  | | |
| Grad der Hilflosigkeit: | leichten Grades | | | | mittleren Grades | | | | | | | | | | | schweren Grades |
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| **Eintritt** | | | | | | | | | | | | | | | | |
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| Gewünschter Eintritt: |  | | | | | | |  | |  | | | |  | | |
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| Bemerkungen: |  | | | | | | | | | | | | | | | |
| **Freiwilligkeitserklärung** | | | | | | | | | | | | | | | | |
| Mit meiner Unterschrift bestätige ich, dass mein Eintritt freiwillig erfolgen wird. | | | | | | | | | | | | | | | | |
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| Ort und Datum: | |  | | | | | | | | | | | | | | |
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| Unterschrift: | |  | | | | | | | | | | | | | | |
| Unterschrift gesetzliche Vertretung: | |  | | | | | | | | | | | | | | |