# Domiziel Ansbach e.V.



# Karolinenstrasse 6, 91522 Ansbach , Telefon: 0981 – 2082288-0

### Anfragebogen bitte schicken an [info@domiziel-ansbach.de](mailto:info@domiziel-ansbach.de) oder faxen an: 0981 17170

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| Anfragende Einrichtung / Klinik / Betreuer |

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| --- | --- | --- | --- |
| Adresse: | Mitar-beiter/in: |  | Tel: |

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| Informationen zum Bewerber | | | | | | | | | | | | | | | | | | | | | | |
| Nachname | |  | | | | Vorname | |  | | | | | | | | geb. am |  | | | | | |
| Straße | |  | | | | | | | | | | | | | | Hausnummer | |  | | | | |
| Ort | |  | | | PLZ | | |  | | | | | |  | | | |  | | |
| Telefon | |  | | | E-Mail | | |  | | | | | | | | | | | | |
| Einzugswunsch: | |  | | | | | | | | | | | | | | | | | | |
| Diagnose(n): | |  | | | | | | | | | | | | | | | | | | |
| Medikation: | |  | | | | | | | | | | | | | | | | | | |
| Grund der Anfrage: | |  | | | | | | | | | | | | | | | | | | |
| Gesetzliche Betreuung: | | | | JA | | NEIN | Adresse/Tel: | | | | | | | | | | | |  |  | | |
| Wurde bereits Antrag auf Kostenübernahme gestellt? | | | | JA | | NEIN | Zuständiger Kostenträger: | | | | | |  | | | | | | | | | |
| Weitere Arztberichte beigelegt? | | | | JA | | NEIN | Werden nachgereicht? | | | | | |  | | | | | | | | | |
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| Ausbildung | | | | | | | | | | | | | | | | | | | | | | |
| Schulabschluss: |  | | | | | Berufsausbildung: | |  | | | | | | | | | | | | | |
| Tätigkeiten: |  | |  | | | | |  | |  | | | | | | | | | | | |
| Aktuelles Einkommen: |  | | | | |  | |  | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Aufenthalte in Kliniken, Heimen, WG`s in den Letzten Beiden Jahren | | | | | | | Wo: | Wann: | |  | Weshalb: | | | Sss Wo: | Wann: |  | | Weshalb: |  | | | Wo: | Wann: | |  | Weshalb: | | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Wichtige persönliche kontaktpersonen | | | | | | | | | | | | | | | | | | | | | | |
| Name, Vorname | |  | | | | | | | Verwandtschafts-verhältnis | | | | |  | | | | | | | | |
| Adresse | |  | | | | | | | Telefon | |  | | | | | | | | | | | |
| Name , Vorname | |  | | | | | | | Verwandtschafts-verhältnis | | | | |  | | | | | | | | |
| Adresse | |  | | | | | | | Telefon | |  | | | | | | | | | | | |
| Name, Vorname | |  | | | | | | | Verwandtschafts-verhältnis | | | | | |  | | | | | | | |
| Adresse | |  | | | | | | | Telefon | | |  | | | | | | | | | | |

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| Wichtige ArztKontakte | | | | | | | | | | | | | | |
| Hausarzt | |  | | | | Telefon | | |  | | | | | |
| Adresse | |  | | | |  | |  | | | | | | |
| Psychiater / Psychotherapeut | |  | Telefon | | |  | | | | | | | | |
| Adresse | |  | | | | | | | | | | | | |
| Dürfen wir Ihre Ärzte um Auskunft bitten? | | | | | JA | NEIN | | |  | | | | | |
| Krankenkasse: | | | | Adresse: | |  | | | | | |  | |
|  | | | |  | |  | | | | | |  | |
| Aktuelle Schwierigkeiten | | | | | | | | | | | | |
| Welche Schwierigkeiten haben Sie aktuell? | |  | | | | |  | | | | | |
| Drogen JA | | Welche/wie oft? | | | | | NEIN | | | | | |
| Alkohol JA | | Welche/wie oft? | | | | | NEIN | | | | | |
|  | | | | | | | | | | | | |
| Erklärung und Unterschrift | | | | | | | | | | | | |
| Mit der Weitergabe des Anfragebogens und der Arztberichte an das Domiziel bin ich einverstanden. | | | | | | | | | | | | |
| Unterschrift Bewerber |  | | | | | | | | | Datum |  | |
| Unterschrift Betreuer |  | | | | | | | | | Datum |  | |
| Unterschrift Sozialdienst |  | | | | | | | | | Datum |  | |

Domiziel Ansbach,12-2018