

# Kare Adult Supports

# Application Form

*To be completed in the name of the person seeking services/supports.*

**Personal Details**

|  |  |
| --- | --- |
| **A person with a white sign  Description automatically generated**Your Name:  |  |
| Your Address: |  |
| A yellow telephone with a black line  Description automatically generatedYour Telephone: |  |
| **A computer and a envelope  Description automatically generated** Your Email: |  |
| **A pink cake with candles  Description automatically generated**Your Date of Birth: |  |
| **Tell us about yourself** |
| **A group of people standing in front of a building  Description automatically generated**The name of your school and the dates you were there: |  |
| **A cartoon of people sitting at a table  Description automatically generated**Name of any services or supports you now get**:** |  |
| **A cartoon of people sitting at a table  Description automatically generated**Name of any other services or supportsyou got in the past and the dates you got them: |  |
| **A cartoon of people sitting at a table  Description automatically generated**Tell us about the type of service and support you would like to get from Kare: |  |
| Give the name of a person you might want us to talk to on your behalf:Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A pen on a piece of paper  Description automatically generatedIn order for us to process your application, you will need to provide a Psychological Report completed within the last three years. Other reports that may be required include:* School Report or a Report from the service you now go to.
* Social Work Report, if applicable.
* Any other reports that you may have for example, Medical Report, Occupational Therapy, and Physiotherapy Report.

Kare may contact the person who has written the report for more information. |
|  A hand holding a pen  Description automatically generatedYour Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   or Signature of Person on your behalf: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| This application form can be sent to:The Accessing Kare Secretariat, Kare, Central Services, Newbridge Industrial Estate, Newbridge, Co. Kildare W12 Y497 / intake@kare.ie Your application will be discussed at the meeting of the Accessing Kare Team.More information may be requested if necessary.Someone from that Team will be in contact with you to keep you up to date. |

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