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| **Hinweise zu den Anmeldeformularen:**   * Ihre Angaben werden vertraulich behandelt. Sie fallen unter die berufliche Schweigepflicht. * Die Anmeldung umfasst zwei oder drei Formulare:  1. Zuerst füllen Sie bitte das vorliegende Grundformular „*Anmeldung Stiftung Altried*“ aus. 2. Anschliessend füllen Sie, je nach gewünschter Wohn- und/oder Tagesstrukturform, eines oder zwei der nachstehenden Formulare aus:  *Anmeldung Wohnheime & Tagesstätten,* [*QF4105a*](QF4105a_Anmeldung%20Wohnheime%20&%20Tagesstätten.docx)  *Anmeldung Integratives & Betreutes Wohnen,* [*QF4105b*](QF4105b_Anmeldung%20Integratives%20&%20Betreutes%20Wohnen.docx)  *Anmeldung Werkstätten,* [*QF4105c*](QF4105c_Anmeldung%20Werkstätten.docx)  * Bei Fragen stehen wir gerne zur Verfügung. |

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| **Name:** | | |  | | | | | | | | |  | | | **Vorname:** | | | | | |  | | | | | | | | |
| Strasse: | | |  | | | | | | | | |  | | | PLZ / Ort: | | | | | |  | | | | | | | | |
| Geb.-Datum: | | |  | | | | | | | | |  | | | Tel. Privat: | | | | | |  | | | | | | | | |
| Konfession: | | |  | | | | | | | | |  | | | Mobil: | | | | | |  | | | | | | | | |
| Soz.-Vers.-Nr.: | | |  | | | | | | | | |  | | | Zivilstand: | | | | | |  | | | | | | | | |
| Krankenkasse: | | |  | | | | | | | | |  | | | Krankenvers.-Nr.: | | | | | |  | | | | | | | | |
| Heimatort: | | |  | | | | | | | | |  | | | Nationalität: | | | | | |  | | | | | | | | |
| Schriften in: | | |  | | | | | | | | |  | | | (Bei Ausländern) Bewilligung: | | | | | | | | | | |  | | | |
| (Gemeinde, in welcher die Schriften hinterlegt sind) | | | | | | | | | | | |  | | | **(Der Anmeldung ist eine Kopie der Ausländerbewilligung beizulegen.)** | | | | | | | | | | | | | | |
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| **Eltern bzw. nächste Familienangehörige bzw. nächste Bezugsperson:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name/Vorname: | |  | | | | | | | | | | | | Bezeichnung der Verwandtschaft / Beziehung: | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | Tel. P: | | |  | | | | | | | | | | Mobil: | |  |
| Strasse: | |  | | | | | | | | | | | | Tel. G: | | |  | | | | | | | | | | | | |
| PLZ / Ort: | |  | | | | | | | | | | | | E-Mail: | | |  | | | | | | | | | | | | |
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| **Beistandschaftliche Massnahme:** | | | | | | | | | | | **Bemerkungen / Ergänzungen:** | | | | | | | | | | | | | | | | | | |
| Umfassende Beistandschaft | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Vertretungsbeistandschaft | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Begleitbeistandschaft | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Mitwirkungsbeistandschaft | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| keine beistandschaftliche Massnahme | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **(Der Anmeldung ist eine Kopie der Verfügung der Massnahme beizulegen.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Wenn Beistand / Beiständin:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name/Vorname: | | | | |  | | | | | | | | | | | | | Tel. G: | | | | | | |  | | | | |
| Behörde: (Berufsbeistände) | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |
|  | | | | |  | | | | | | | | | | | | | Tel. P | | | | | | |  | | | | |
| Strasse: | | | | |  | | | | | | | | | | | | | Mobil: | | | | | | |  | | | | |
| PL/ / Ort: | | | | |  | | | | | | | | | | | | | E-Mail: | | | | | | |  | | | | |
| **Aktuelle Wohnsituation:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eltern / Angehörige | | | | | | | | | selbständige Wohnsituation | | | | | | | | | | | | | | | | | | | | | | | |
| Wohnheim | | | | | | | | | Schulheim | | | | | | | | | | | | | | | | Spital / Klinik | | | | | | | |
| IV-Massnahme Wohnen | | | | | | | | | andere Wohnsituation: | | | | | | | | | | |  | | | | | | | | | | | | |
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| Bezeichnung (Institution): | | | | | | | | | Adresse: | | | | | | | | | | | | | | | zuständige Person: | | | | | | | | |
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| **Frühere Wohnsituationen / Heimaufenthalte:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bezeichnung: | | | | | | | | | | | Adresse: | | | | | | | | | | | | | zuständige Person: | | | | | | | | |
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| **Aktuelle Tagesstruktur:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schule  Tagesstätte  geschützte Werkstätte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| im ersten Arbeitsmarkt tätig  IV-Massnahme berufl. Eingliederung  Spital / Klinik | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bezeichnung (Institution): | | | | | | | | | Adresse: | | | | | | | | | | | | | zuständige Person: | | | | | | | | |
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| **Frühere Tagesstrukturen:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bezeichnung: | | | | | | | | | Adresse: | | | | | | | | | | | | | zuständige Person: | | | | | | | | |
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| **Diagnose, Allergien, notfallrelevante Operationen:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Im Notfall zu beachten:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Vertretungsberechtigte Person im medizinischen Notfall:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name/Vorname: | | | |  | | | | | | | | | | | | Tel.: | | | |  | | | | | | | | | |
| Adresse: | | | |  | | | | | | | | | | | | Mobil: | | | |  | | | | | | | | | |
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| Zur Zeit **behandelnder Arzt / Facharzt**, der uns ggf. Auskunft erteilen könnte: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name/Vorname: | | | |  | | | | | | | | | | | | Tel.: | | | |  | | | | | | | | | |
| Adresse: | | | |  | | | | | | | | | | | | Mobil: | | | |  | | | | | | | | | |
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| Zur Zeit **behandelnder Psychiater / Psychologe**, der uns ggf. Auskunft erteilen könnte:: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name/Vorname: | | | |  | | | | | | | | | | | | Tel.: | | | |  | | | | | | | | | |
| Adresse: | | | |  | | | | | | | | | | | | Mobil: | | | |  | | | | | | | | | |
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| **Einkünfte:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IV-Rente:** | | | | | | ganze Rente  Dreiviertelsrente  halbe Rente  Viertelsrente  keine IV-Rente  angemeldet  **(Dem Anmeldeformular ist eine Kopie der Rentenverfügung beizulegen.)** | | | | | | | | | | | | | | | | | | | | | | | |
| **Hilflosenentschädigung:** | | | | | | keine  leicht (Aufenthalt im Heim)  mittel (Aufenthalt im Heim)  schwer (Aufenthalt im Heim)  leicht (Aufenthalt zu Hause)  mittel (Aufenthalt zu Hause)  schwer (Aufenth. zu Hause)  (**Der Anmeldung ist eine Kopie der Verfügung über den HE-Anspruch beizulegen.)** | | | | | | | | | | | | | | | | | | | | | | | |
| **Andere Einkünfte:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Ort / Datum: |  | | | | | |  | | | | | | Unterschrift BewerberIn: | | | | | | | | | | | | | | |  | |
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| Ort / Datum: |  | | | | | |  | | | | | | Unterschrift Beistand/Beiständin: | | | | | | | | | | | | | | |  | |
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| **Fortsetzung der Anmeldung:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Füllen Sie nun, je nach gewünschter Wohn- und/oder Tagesstrukturform, das weitere oder die weiteren für Sie zutreffenden Formulare aus (siehe Seite 1 oben). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Ablage:** bei Aufnahme in Zentralakte