

HOPE RESOURCE, ABEOKUTA

Klm 10 Abeokuta-Lagos Expressway, Ayeloja, Abeokuta, Ogun State
(An Agency of Hope Restoration & Health Initiative Inc, CAC/IT/No.51093}

Supported Accommodation Placement Form

Name of Person: Age:

Gender: Male/Female **Marital Status:** Married /Single/ Separated. (Tick as appropriate)

Person's Qualifications, Vocations & Interests:

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Hospital the Person is Attending:

Name of Consultant I/c:

Name of Next of Kin/Sponsor:

Residential Address of Next of Kin/Sponsor:

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Telephone Number of Next of Kin:

Reason(s) for the supported accommodation placement request:

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Activities of Daily Living Certifications: (please read and complete carefully)

- Can person take care of his/her personal hygiene with/without prompting?Yes / No
- Can person take care of his immediate environment e.g. tidy his bed, clean his room and immediate surrounding with/without prompting? Yes / No
- Is person able to prepare or vend for his meals with/without assistance?Yes / No
- Can person take his/her medications willingly and safely with/without prompting/supervision?Yes / No
- Is person considered dangerous to self or othersYes/No

Person's Medical Follow up plan: (e.g. Date and frequency of clinic visits:

Current Medications, Dosages & Frequency of use.

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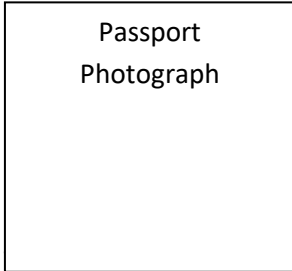
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SIGNATURE OF NEXT OF KIN/SPONSOR (with date):

SIGNATURE OF PERSON (with date):

SIGNATURE OF SUPPORTING MH PROFESSIONAL: (Optional)



Please see conditions and requirements for placement overleaf.

Intake Criteria:

- Individuals 18 years of age and above, with a diagnosis of mental illness.
- Not acutely ill, and able to participate in structured daily vocational and work activities at the centre.
- Not currently abusing drugs or alcohol, or in need of physical detoxification.
- Willing to collaborate with care/support staff, voluntarily participate in activities, and live harmoniously with other residents.
- Not currently dangerous to self or others.
- Not having any serious physical disability or chronic medical condition that may interfere with the rehabilitation process.
- Currently under the care of registered professionals in a mental health care facility.

Referral process

Referrals for the service can be made by family members (with evidence of on-going care in a recognised mental health service), and mental health professionals.