

# Order of services

Ordering form

Date: \_\_\_\_\_

Registration number of application: \_\_\_\_\_

## Legal representative

|                                       |  |             |                         |              |  |
|---------------------------------------|--|-------------|-------------------------|--------------|--|
| <i>Surname</i>                        |  | <i>Name</i> |                         | <i>Title</i> |  |
| <i>Date of birth</i>                  |  |             |                         |              |  |
| <i>Address of permanent residence</i> |  |             |                         |              |  |
| <i>Email</i>                          |  |             | <i>Telephone number</i> |              |  |

## User of the service

|                                       |  |                          |                           |  |  |
|---------------------------------------|--|--------------------------|---------------------------|--|--|
| <i>Surname</i>                        |  | <i>Name</i>              |                           |  |  |
| <i>Date of birth</i>                  |  | <i>Insurance company</i> |                           |  |  |
| <i>Address of permanent residence</i> |  |                          |                           |  |  |
| <i>Diagnosis</i>                      |  | <i>Communication</i>     | <i>Verbal x nonverbal</i> |  |  |
| <i>Interests and hobby</i>            |  |                          |                           |  |  |

User is interested in following service (*please tick off*):

- Day care (DC)
- Social rehabilitation (SR)
- Professional social consultancy (PSC)

What the user expects from provided service, what kind of support and help he (she) needs.  
(*Write it down*).

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