**PARTICULARS OF THE APPLICANT:**

**PERSONAL NAME/NAME/COMPANY**

**ADDRESS**

**TELEPHONE NUMBER/MOBILE PHONE NUMBER**

**E-MAIL ADDRESS**

**MINISTRY FOR DEMOGRAPHY, FAMILY, YOUTH AND SOCIAL POLICY**

**REQUEST**

**FOR EVALUATION OF MINIMUM CONDITIONS FOR PROVISION OF SOCIAL SERVICES**

I hereby submit a request for evaluation of minimum conditions at (insert the exact address):

Social services are provided for (please indicate):

a) children without parents or children without adequate parental care

b) young adults without parents or young adults without adequate parental care

c) pregnant women before childbirth

d) parent with a child up to 1 year of age

e) children with behavioral difficulties

f) young adults with behavioral difficulties

g) children with developmental difficulties[[1]](#footnote-1)

h) adults with disabilities[[2]](#footnote-2)

i) persons addicted to alcohol, drugs, gamble and another forms of addiction

j) victims of domestic violence

k) victims of human trafficking.

Service type provided (please indicate):

a) counselling and assistance service[[3]](#footnote-3)

b) psychosocial support service[[4]](#footnote-4)

c) early intervention service

d) assistance in inclusion in regular pre-school and school education programmes (integration)

e) sojourn service

f) accommodation service

g) organized housing service

Applicant

*\* Note: Applicants, when submitting a request for evaluating the fulfilment of minimum conditions for a social welfare home - before they initiate activities, should enclose draft statute, list of required professional workers and other staff members, and a copy of facility plans and home equipment documentation.*

1. It is necessary to further indicate the type of developmental difficulties (a) children with physical disabilities; (b) children with light or moderate intellectual impairment; (c) children with severe or very severe intellectual impairment; (d) children with intellectual and mental impairment; (e) children with visual impairment; (f) children with hearing impairment; (g) children with Autism Spectrum Disorders (ASD). [↑](#footnote-ref-1)
2. It is necessary to further indicate the type of disability: (a) adults with physical disabilities; (b) adults with mental impairment; (c) adults with light or moderate intellectual impairment; (d) adults with severe or very severe intellectual impairment; (e) adults with intellectual and mental impairment; (f) adults with visual impairment. [↑](#footnote-ref-2)
3. It is necessary to indicate the types of activities: (a) improving parenting skills; (b) social work; (c) psychological support; (d) social-pedagogical support [↑](#footnote-ref-3)
4. It is necessary to indicate the types of activities: (a) orientation and moving in space exercises; (b) everyday skills practice; (c) visual exercises; (d) tiflotechnique training; (e) mastering sign language; (f) logopedic therapy; (g) psychological support; (h) social work; (i) education and rehabilitation training; (j) braille education; (k) rehabilitation of listening; (l) everyday skills practice; (m) kinesitherapy and sports and recreational activities; (n) music therapy and musical activities; (o) art therapy and art activities. [↑](#footnote-ref-4)