

Rogers' Consulting & Management

Independent Living Services - Non-Regional Center Intake Form

Date of Referral		Client's or Family's Phone #		Client's or Family's Email	
Client's Basic Information					
Name of Client		Client's DOB		Gender	
Client's Phone # (If different from above)		Cell Phone #		Language	
Has Children (If yes, how many)		Marital Status		Ethnicity	
Current Living Arrangement/Receiving ILS/SLS					
Living at his/her Family's Home		Living Independently		Homeless	
Being Discharged from Hospital		Living in a Residential Facility		Other	
Client's address					
Street Address			Apt., Suite		
City			State		
Postal/Zip Code			County		
Status of Home Care Services					
First Time Using a Home Care Svc.		Currently Receiving Home Care		Received Home Care in the past	
Reason for Referral: Services Needed (Check the services that may be needed)					
Cleaning		Self-advocacy Training		Cooking	
Shopping in Natural Environment		Meal Planning/Preparation		Companionship	
Health/Medication Monitoring		Medical and Dental Services		Personal Health and Hygiene	
Recreation in the Community		Money Management		Using Community Resource Awareness	
Home and Community Safety		Using Public Transportation		Other specify	
General Background Information					
A. RC Diagnosis					
ADHD		Autism		Epilepsy	
Intellectual Disability		Cerebral Palsy		Diabetes	
Vision and/or Hearing Loss		Physical Disability		Other	
B. Mobility					
Ambulatory (walks well)		Walks Unstable/or Balance Concerns		Walks with a Gait	
Non-Ambulatory		Uses a Wheelchair		Uses a Cane/a Walker	
C. Describe Any Current Behavioral Issues/Concerns; *Note N/A if there are currently no behavioral issues					
D. Describe Any Current Psychiatric Treatment; *Note N/A if there are currently no psychiatric issues					
E. Describe Any Current Health/Medical Issues; *Note N/A if there are currently no health/medical issues					
F. Describe Any Current Functioning/Cognitive Abilities; *Note N/A if level of functioning is unknown					
Additional Comments Regarding Reason For Referral					
Attach or Email the Following Documents					
Most Recent Medical Information		Most Recent Hospital Discharged Info		Relevant Guardianship/APS Papers	