

Legal Name (Last, First, Middle):		Preferred Name:		Individual's Agency Number:		Date	
Social Security		Date of Birth		Place of Birth		Marital Status	
Address		City		State Zip		Sex Religious Preference	
Telephone		Fax		Cell			
Medicaid Number				Medicare Number			
<b>Other Insurance</b>							
Insurer				Policy Number			

**Legal Status**

<input type="checkbox"/> Competent <input type="checkbox"/> Incompetent <input type="checkbox"/> Incompetent as determined by a Court of Law	<input type="checkbox"/> <input type="checkbox"/> Individual has a Legal Authorized Representative (LAR).
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**Guardian, Authorized Representative, or Next of Kin**

<input type="checkbox"/> Guardian <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Next of Kin	Name	Telephone	Fax	Cell
	Address	City	State	Zip

**CSB or Placing Agency**

Name	Telephone	Fax	Cell
CSB or Organization	Address	City	State Zip

**Emergency Contact**

Name	Relationship	Telephone Number	Address
Name	Relationship	Telephone Number	Address

**Admission Record**

Date of Admission	Type of Service <input type="checkbox"/> Residential Service
Date of Service Initiated	Funding Source <input type="checkbox"/> MR Waiver <input type="checkbox"/> Private Pay <input type="checkbox"/> Other

**Discharge Record**

Date of Discharge	Reason for Discharge	Summary Completed
Entering new program	Name of new Program or Service Provider	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Address	City State Zip Telephone Number Fax
Program or Service Provider Name		
Name of person or Agency providing Residential Services:	Forwarding Address of the Individual City State Zip	