

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

Referral Source/ Agency: \_\_\_\_\_

Referral Source Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List all Authorized Agencies Receiving Referral:

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

**Client Demographic Info**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Client Current Location: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Name of Client's Contact/Guardian/Legal Rep (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Individual:  Guardian  Legal Representative  Representative Payee  Family/Relative

Assessed Tier: \_\_\_\_\_

**Client Medical Care Needs**

Check All That Apply:

Two Person Assist in One or More ADLs:  Toileting  Transferring  Bathing  Dressing  Mobility

Medical Treatments:

Oxygen Therapy  Chemotherapy  Radiation Therapy  Gastric Tube Feeding

Suctioning  Parenteral Feedings  Dialysis  Transfusions  Wound Care  Medication Injections

Other: \_\_\_\_\_

Traumatic Brain Injury:  Yes  No

Dementia/Alzheimer's Diagnosis:  Yes  No

Behaviors:

Wandering  Verbal Aggression  Physical Aggression  Socially Inappropriate  Resistant to Care

Other: \_\_\_\_\_

Mental Health Diagnosis/Treatment Plan:

Psychologist  Psychiatrist  CRT  Other: \_\_\_\_\_

Behavior Plan:  Yes  No

Medications:  Independent  Needs Assist

High Risk Factors:  Alcohol dependency  Drug dependency  Smoking

Environmental Allergies:  Pets  Wood Stove Smoke  Flowers  Candles

Other: \_\_\_\_\_

Food Allergies:  Yes  No Please List: \_\_\_\_\_

**Accessibility Needs**

Wheel Chair Accessible:  Yes  No

Manual Wheel Chair  Electric Wheel Chair  Scooter  Other: \_\_\_\_\_

1<sup>st</sup> Floor/Ground Level Living Quarters Needed (unable to maneuver stairs):  Yes  No

Stair Glide Needed:  Yes  No

Able to Share a Bathroom:  Yes  No

**Client Social History**

Self-Neglect:  Yes  No

Adult Protective Services:  Past  Current: \_\_\_\_\_

History of Incarceration:  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Violent Behavior:    Yes         No

If Yes, Please Explain: \_\_\_\_\_

**Client Preferences**

Pets in Home:    Cats         Dogs         Rodents (hamsters, guinea pigs)         Rabbits

Other: \_\_\_\_\_

Smoking:    Yes         No

Food/Meals:    Independent         Needs Assist

Children in Home:    Yes         No         No Preference

Other Non-Related Individuals in Home:    Yes         No         No Preference

Location:    Rural         Urban         City         No Preference

Religious Affiliation:    Yes: \_\_\_\_\_         No

**Other Important Information**

Please see Information Attached (or documented below):

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Authorized Agency	Address	Contact
<b>Champlain Community Services</b>	512 Troy Ave, Colchester, VT 05446	Karen Cienchanowicz (802) 655-0511 X 120 <a href="mailto:Kciechanowicz@ccs-vt.org">Kciechanowicz@ccs-vt.org</a>
<b>Choice Brain Injury Support Services</b>	5 School Avenue, Montpelier, VT 05601	Nicole Pierce (802) 622-8122 <a href="mailto:npierce@hotmail.com">npierce@hotmail.com</a>
<b>Counseling Services of Addison County, Inc.</b>	109 Catamount Park, Middlebury, VT 05753	Paula Dougherty (802) 388-4021 <a href="mailto:pdougherty@csac-vt.org">pdougherty@csac-vt.org</a>
<b>Families First</b>	26 Elliot Terrace, Brattleboro, VT 05301	David Wheeler (802) 275-4919 <a href="mailto:david@familiesfirstvt.com">david@familiesfirstvt.com</a>
<b>Green Mountain Support Services (Formerly Sterling Area Services)</b>	109 Professional Dr., Morrisville, VT 05661	Marilyn Carter (802) 888-7602 <a href="mailto:marilync@gmssi.org">marilync@gmssi.org</a>
<b>Health Care and Rehab Services (HCRS)</b>	390 River Street, Springfield, VT 05156	Dylan Devlin (802) 463-3294 X 1245 <a href="mailto:ddevlin@hcrs.org">ddevlin@hcrs.org</a>
<b>Head Injury Stroke Independence Project</b>	1409 US 7 Wallingford, VT AKA Lenny Burke Farm	Kevin Burke (802) 353-8850 <a href="mailto:B1840house@aol.com">B1840house@aol.com</a>
<b>Howard Center</b>	322 St. Paul Street, Burlington, VT 05401	Intake Team (802) 488-6500 FAX: (802) 488-6501
<b>Lincoln Street Incorporated</b>	374 River Rd., Springfield, VT 05156	Bart Mair (802) 886-1833 <a href="mailto:bmair@lincolnstreetinc.org">bmair@lincolnstreetinc.org</a>
<b>Northeast Kingdom Human Services</b>	P.O. Box 724, Newport, VT 05855	Terri Lavelly (802) 748-6350 x1111 <a href="mailto:t.lavelly@nkhs.net">t.lavelly@nkhs.net</a>
<b>Northwestern Counseling and Support Services</b>	107 Fisher Pond Rd., St. Albans, VT 05478	Amber Schaeffler (802) 393-6641 <a href="mailto:amber.schaeffler@ncssinc.org">amber.schaeffler@ncssinc.org</a>
<b>PRIDE</b>	P.O. Box 969, Barre, VT 05641	Nancy Welcome (802) 479-5801 <a href="mailto:nwelcome@pridetbi.com">nwelcome@pridetbi.com</a>
<b>Rutland Mental Health Services</b>	78 South Main St., Rutland, VT 05702	Michel Kirsten (802) 786-7305 <a href="mailto:mkersten@rmhscn.org">mkersten@rmhscn.org</a>
<b>United Counseling Services</b>	10 Ledghill Hill Dr., Bennington, VT 05201	Bonnie Jamieson (802) 442-5491 X 294 <a href="mailto:bjamieson@ucsvt.org">bjamieson@ucsvt.org</a>
<b>Upper Valley Services</b>	P.O. Box 4409, White River Junction, VT 05001	Jessalyn Gustin (802) 222-9235 <a href="mailto:jgustin@uvs-vt.org">jgustin@uvs-vt.org</a>