

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:

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

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**

Wheelchair Accessible:  Yes  No

Manual Wheelchair  Electric Wheelchair  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	Marie Greeno (802) 655-0511 X 109 <a href="mailto:mgreeno@ccs-vt.org">mgreeno@ccs-vt.org</a>
<b>Choice Brain Injury Support Services</b>	23 Jones Bros Way, Barre VT 05641	Nicole Pierce (802) 622-0706 <a href="mailto:npierce@hotmail.com">npierce@hotmail.com</a>
<b>Counseling Services of Addison County, Inc.</b>	109 Catamount Park, Middlebury, VT 05753	Cherie Maynard (802) 388-4021 <a href="mailto:cmaynard@csac-vt.org">cmaynard@csac-vt.org</a>
<b>Families First</b>	251 Austine Drive, Brattleboro, VT 05301	Joshua Kussius (802) 258-1810 <a href="mailto:joshua@familiesfirstvt.com">joshua@familiesfirstvt.com</a>
<b>Green Mountain Support Services (Formerly Sterling Area Services)</b>	93 James Rd., Morrisville, VT 05661	GMSS Intake (802) 888-7602 FAX: (802) 888-1182 <a href="mailto:intake@gmssi.org">intake@gmssi.org</a>
<b>Health Care and Rehab Services (HCRS)</b>	390 River St., Springfield, VT 05156	Dylan Devlin (802) 254-7500 x1245 <a href="mailto:DDevlin@hcrs.org">DDevlin@hcrs.org</a>
<b>Head Injury Stroke Independence Project/AKA Lenny Burke Farm</b>	1409 US 7 Wallingford, VT 05773	Kevin Burke (802) 353-8850 <a href="mailto:B1840house@gmail.com">B1840house@gmail.com</a>
<b>Howard Center</b>	208 Flynn Ave, Suite 3J, Burlington, VT 05401	Access and Intake (802) 488-6000 FAX: (802) 488-6601 <a href="mailto:hcinfo@howardcenter.org">hcinfo@howardcenter.org</a>
<b>Lincoln Street Incorporated</b>	374 River Rd., Springfield, VT 05156	Heather Hall (802) 886-1833 <a href="mailto:hhall@lincolnstreetinc.org">hhall@lincolnstreetinc.org</a>
<b>Northeast Kingdom Human Services</b>	P.O. Box 724, Newport, VT 05855	Catherine Gibson (802) 748-6350 x1127 <a href="mailto:cgibson@nkhs.net">cgibson@nkhs.net</a>
<b>PRIDE</b>	P.O. Box 969, Barre, VT 05641	Angela Moody (802) 535-5119 <a href="mailto:amoody@pridetbi.com">amoody@pridetbi.com</a>
<b>Rutland Mental Health Services</b>	78 South Main St., Rutland, VT 05702	Cynthia Brode (802) 786-7320 <a href="mailto:cbrode@rmhscn.org">cbrode@rmhscn.org</a>
<b>United Counseling Services</b>	100 Ledgehill Rd., Bennington, VT 05201	Courtney Randall (802) 445-7253 <a href="mailto:crandall@ucsvt.org">crandall@ucsvt.org</a>
<b>Upper Valley Services (Vermont Comforts of Home)</b>	76 Pearl St., Suite 203 PO Box 5493 Essex Junction, VT 05453	Brandi Jagemann (802) 356-0406 <a href="mailto:brandi.jagemann@uvs-vt.org">brandi.jagemann@uvs-vt.org</a>