

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: _____

1st 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):

Authorized Agency	Address	Contact
Champlain Community Services	512 Troy Ave., Colchester, VT 05446	Marie Greeno (802) 655-0511 X 109 mgreeno@ccs-vt.org
Choice Brain Injury Support Services	23 Jones Bros Way, Barre VT 05641	Nicole Pierce (802) 622-0706 npierce@hotmail.com
Counseling Services of Addison County, Inc.	109 Catamount Park, Middlebury, VT 05753	Cherie Maynard (802) 388-4021 cmaynard@csac-vt.org
Families First	251 Austine Drive, Brattleboro, VT 05301	Joshua Kussius (802) 258-1810 joshua@familiesfirstvt.com
Green Mountain Support Services (Formerly Sterling Area Services)	93 James Rd., Morrisville, VT 05661	GMSS Intake (802) 888-7602 FAX: (802) 888-1182 intake@gmssi.org
Health Care and Rehab Services (HCRS)	390 River St., Springfield, VT 05156	Dylan Devlin (802) 254-7500 x1245 DDevlin@hcrs.org
Head Injury Stroke Independence Project/AKA Lenny Burke Farm	1409 US 7 Wallingford, VT 05773	Kevin Burke (802) 353-8850 B1840house@gmail.com
Howard Center	208 Flynn Ave, Suite 3J, Burlington, VT 05401	Access and Intake (802) 488-6000 FAX: (802) 488-6601 hcinfo@howardcenter.org
Lincoln Street Incorporated	374 River Rd., Springfield, VT 05156	Heather Hall (802) 886-1833 hhall@lincolnstreetinc.org
Northeast Kingdom Human Services	P.O. Box 724, Newport, VT 05855	Catherine Gibson (802) 748-6350 x1127 cgibson@nkhs.net
PRIDE	P.O. Box 969, Barre, VT 05641	Angela Moody (802) 535-5119 amoody@pridetbi.com
Rutland Mental Health Services	78 South Main St., Rutland, VT 05702	Josh Williams (802) 786-7348 jwilliams@rmhscn.org
United Counseling Services	100 Ledgehill Rd., Bennington, VT 05201	Jennifer Gardner (802) 445-7208 crandall@ucsvt.org
Upper Valley Services (Vermont Comforts of Home)	76 Pearl St., Suite 203 PO Box 5493 Essex Junction, VT 05453	(802) 280-5711