

Home Visit Intake Form

Referral Date: ____/____/20____
Home/Center Visit Date: ____/____/____

Client Name: _____

Caregiver: _____

D.O.B: ____/____/19____

Relationship: _____

Address: _____

Address (if different) _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

Ethnicity: _____

E-Mail Address: _____

Veteran: Yes ____ No ____

Referred by: _____

Monthly Income \$ _____

Health Status: **Hearing** _____

Vision _____

Physical _____

Mental _____

Medication During Program Hrs _____

Status Of TB Test: ____/____/____ ____ Negative ____ Positive

Ambulation (Check All That Apply):

Toileting (Check All That Apply):

____ Independent

____ Independent

____ Cane

____ Bladder Incontinence

____ Walker

____ Bowel Incontinence

____ Wheelchair

____ Depends

Diet: Eating:

Food Allergies: _____

____ Independent

____ Requires Assistance

Food Restrictions: _____

____ Swallowing Problems

Language Spoken/Understood: English ____ Other _____

Living Situation:

____ Own home

____ Family

____ Residential Care

____ Skilled Nursing

Notes on Family Background, Past Occupation, Hobbies:

TRANSPORTATION INFORMATION

Transportation to and from the program is the responsibility of the participant's family. Transportation is available through an agency called ACCESS. ACCESS is a separate organization and there is a charge for transportation services. If you need this service, your program director can give you more information.

To enroll your relative in ACCESS call (408)321-2300. Once a day care schedule is determined for your relative, call (408)321-2300 to arrange the rides. You will want to schedule the rides as follows:

ARRIVAL time: 9:30 a.m. (This will prevent your relative from being picked up before 8:30 a.m. and arriving at the Center before we open at 9 a.m.)

PICK-UP TIME 2:40 p.m. (This will assure that your relative will be picked up between 2:30 and 3 p.m.) Please do not schedule pick-ups after 3 p.m. as our program ends at that time.

If you call ACCESS each week to arrange rides for the following week, you will be able to schedule the appropriate times. If you have any questions, or difficulties, your program director can help.

Please Note:

1. With regard to unscheduled rides for clients who may become ill during the day and need to go home before the day care program ends, the policy of ACCESS is that unscheduled rides will not be provided on a first come first served basis. Therefore, transportation will have to be arranged by you if your participant needs to leave the program at an unscheduled time. If a commercial taxi must be called to take your client home, you will be responsible for paying the charges.
2. In case of a major emergency, i.e. serious earthquake, family members are asked to come for their relative in person or identify in advance the person who will call for that relative.
3. Please be sure you have scheduled your relative's transportation correctly to avoid unnecessary absences.

Client/Caregiver Signature