

Why are you seeking a change?

Reason for Seeking Admission:

Brief Medical History:

Brief Educational History:

(Please Comment on Client's)
Self-Direction:

Special Skills & Talents:

Communication Skills & Preferred Mode of Communication:

Interpersonal Skills:

Mobility:

Self-Care:

Likes & Dislikes:

COMMENTS/ADDITIONAL INFORMATION:

Check all that apply: ____ **PARENT** and/or ____ **LEGAL GUARDIAN** INFORMATION:

Relationship to Client: _____

Name: _____

Home Address: _____

Phone Number: _____

Father/Guardian Employer _____

Name/Address/Telephone _____

Mother/Guardian Employer _____

Name/Address/Telephone _____

*****EMERGENCY CONTACT***** In the event a parent/legal guardian cannot be reached, please give the name and phone number of two persons who could pick up and take home the Adult in a timely manner.

1) _____
(Name) (Relationship) (Phone)

2) _____
(Name) (Relationship) (Phone)

SIBLINGS	NAME	AGE	GENDER

Religious Preference (Optional): _____

CASE MANAGER INFORMATION:

Name & Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: ____ (____) _____

FAX #: ____ (____) _____

Signature of Client _____ Date _____

Signature of Parent and/or Legal Guardian: _____ Date _____

FOR ADMINISTRATIVE USE ONLY

Accepted/Denied/Waiting List _____

Reason: _____

Date of Admission to the Program: _____

Date Services Initiated: _____

St. Coletta Executive Director's Signature

Date