

Date: _____

Referral Source/ Agency: _____

Referral Source Name: _____ Phone: _____

List all Authorized Agencies Receiving Referral:

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 any): _____

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 1 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: _____

1st Floor/Ground Level living quarters needed (unable to do 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 (hampsters, 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	Karen Cienchanowicz 655-0511 X 120 Kciechanowicz@ccs-ct.org
Choice Brain Injury Support Services	5 School Avenue, Montpelier, VT 05601	Nicole Pierce 225-6232 npierce@htomail.com
Counseling Services of Addison County, Inc.	109 Catamount Park, Middlebury, VT 05753	Paula Dougherty 388-4021 pdougherty@csac-vt.org
Families First	26 Elliot Terrace, Brattleboro, VT 05301	David Wheeler 275-4919 david@familiesfirstvt.com
Green Mountain Support Services (Formerly Sterling Area Services)	109 Professional Dr., Morrisville, VT 05661	Marilyn Carter 888-7602 marilync@sterlingarea.org
Health Care and Rehab Services (HCRS)	390 River Street, Springfield, VT 05156	Katie Gilcris 886-4567 X 2710 kgilcris@hcrs.org
Head Injury Stroke Independence Project	1409 US 7 Wallingford, VT AKA Lenny Burke Farm	Kevin Burke 353-8850 B1840house@aol.com
Howard Center	322 St. Paul Street, Burlington, VT 05401	Delaina Norton 488-6543 delainan@howardcenter.org
Lincoln Street Incorporated	374 River Rd., Springfield, VT 05156	Bart Mair 886-1833 bmair@lincolnstreetinc.org
Northeast Kingdom Human Services	P.O. Box 724, Newport, VT 05855	Cindy Cook 748-3181 ccook@nkhs.net
Northwestern Counseling and Support Services	107 Fisher Pond Rd., St. Albans, VT 05478	Amber Schaeffler 393-6641 amber.schaeffler@ncssinc.org
PRIDE	P.O. Box 969, Barre, VT 05641	Kim Daniels 479-5801 kdaniels@tds.net
Rutland Mental Health Services	78 South Main St., Rutland, VT 05702	Michel Kirsten 786-7305 mkersten@rmhscn.org
United Counseling Services	10 Ledghill Hill Dr., Bennington, VT 05201	Bonnie Jamieson 442-5491 X 294 bjamieson@ucsvt.org
Upper Valley Services	P.O. Box 4409, White River Junction, VT 05001	Bill Ashe 222-9235 jgustin@uvs-vt.org