



Consumer Intake Profile and Behavioral Assessment

Consumer Name:		SSN:	Date:
DOB:	Referral Date:		Current Placement:
Parent(s) Name:		Parent(s) Phone:	
Parent(s) Address:			
Guardian Name:		Guardian Phone:	
Guardian Address:			

Family Visitation and Reunification Plan: Please be specific. Include visitation schedule, where visits are to occur, who facilitates visits, any restrictions, timelines, and supervision requirements. Also, list anyone with whom contact is not permitted.

Legal Concerns: Are there any current or historical legal concerns? Yes No

If yes, describe and provide documentation (documentation may consist of court reports, probationary report, etc.).

Educational Plan: Please note that anyone coming into services MUST have an Educational or Vocational Plan. Include academic level, behavioral requirements, etc.

Professional Information: Please list all Doctors, Counselors, Dentists, Services Coordinator, etc. currently involved with the person referred.

Name	Specialty	Telephone	Address

Important Dates: Date of last clothing voucher:

Date of most recent...	Name of professional who completed exam	Address
Physical:		
Dental exam:		
Eye exam:		
Hearing exam:		
Med review:		
Psych exam/test:		
Other (specify):		



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Current Medications: List all current medications, dosages, times, purpose of medication and prescribing physician.

Medication	Dosage	Administration Time	Purpose	Prescribing Physician

Additional Information about medications:

Medical Concerns: Please be specific. Include current medical concerns as well as ongoing treatments. Does the person have a history of seizures?

Can the person share a room with another person? Yes No If no, please explain. Note: inability to share a room may limit placement options.

Physical Accessibility Limitations: List any required adaptive equipment, environmental requirements, limitations, etc.

On-going Assistance: Please outline what type of on-going services will be provided to the individual by the family DDD or DSS. Please be specific.

Independent Living Skills: Please specify any Independent Living Skill areas which need to be taught, for example, bathing, eating, grooming, etc.

Programmatic Information: Please list any current habilitation goals or objectives (not previously listed) which the person is working towards.



Behavioral Assessment

Check yes or no. If yes, give a brief description of the behavior, and an explanation of the frequency, duration and approximate dates that the behavior was observed.

Danger to self:

Yes No If YES, explain:

Danger to others:

Yes No If YES, explain:

Property destruction:

Yes No If YES, explain:

Fire setting:

Yes No If YES, explain:

Inappropriate sexual behavior:

Yes No If YES, explain:

Substance abuse:

Yes No If YES, explain:

Theft (of any kind):

Yes No If YES, explain:

Toileting concerns:

Yes No If YES, explain:



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Running away: Yes No If YES, explain:

School truancy: Yes No If YES, explain:

Other behavioral issues:

Community Access Limitations: Are there any community access limitations? Does the individual access the community independently?
Please list any community access restrictions, such as avoiding crowds, areas with young children, etc.

Placement: Please outline the reason(s) for the referral, and placement expectations. Please be as specific as possible.

Funding Source: _____ Medicaid Number: _____

Is the person mandatory managed care? Yes No Has funding source approved this level of care? Yes No

Other (please explain)

Ongoing Therapy: Is this consumer currently receiving any ongoing therapy (physical, psychiatric, occupational, etc.)? If so, how is this being accomplished? Who conducts the therapy? Will this therapy continue, should the individual enter DSN services?

Additional Comments:

Please note: This document must be completed thoroughly and accurately prior to placement. Omissions or inaccuracies may be grounds for immediate discharge. Please pay special attention to page 3 (Behavioral Concerns) and the question regarding a roommate on page 2.

I attest that the preceding information is true and accurate.

Signature/Title of Parent/Guardian	Date