

Mainstream Living, Inc.

Consumer Name:

Date of Birth:

Medicaid Number:

SSI SSDI \$

SS \$

Other: \$ Source:

Food stamps \$

Has an application been made for any of the following? (check all that apply)

SSI Date applied? ____/____/____ Number of denials? ____

SSDI Date applied? ____/____/____ Number of denials? ____

SS Date applied? ____/____/____ Number of denials? ____

Food stamps Date applied? ____/____/____

Other income amount: _____ Source: _____

Does this person have a representative payee? No Yes - (complete information below)

Name: _____ Home Phone: _____ Address: _____

Work Phone: _____

Does this person have a conservator? No Yes - (complete information below)

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Commitment Status:

Is this person under civil commitment?

No

Yes - type of commitment and reason for commitment:

Miscellaneous Legal Information:

Is this person involved in any pending civil or criminal legal actions: No Yes - (Briefly describe)

e.g., scheduled commitment hearing, divorce or custody issues, pending or unresolved criminal charges, legal probation, etc.

Substance Abuse/Use History:

Described Previous Services Received:

See assessment

Current Service Involvement

Mainstream Living, Inc.
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Potential challenges

Potential Skill development needs

Significant Medical Conditions: (illnesses, hospitalizations, special diets, medical restrictions, etc.):

Medications:

Other Documentation Needed:

Standard Written Assessment Information:

All Program Applicants:

Social History, as current as possible.

Records of current hospitalizations, if applicable, i.e., "History & Physical" or equivalent

Current Service Plan

Release of information

Recent LOCUS