

**Residential Specific Intake Documents**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Coordinator Name & Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Coordinator Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**✓ Received 🞪 Not Applicable**

**Benefits**

\_\_\_\_ Adoption documentation (if applicable)

\_\_\_\_ Bank Account information

\_\_\_\_ Benefit Letters

\_\_\_\_ Birth Certificate

\_\_\_\_ Burial plan documentation (if applicable)

\_\_\_\_ Citizenship documentation (if applicable)

\_\_\_\_ Food stamp (SNAP) documentation

\_\_\_\_ Guardianship documentation (if applicable)

\_\_\_\_ Life Insurance documentation (if app

\_\_\_\_ Medicaid/Benefit Card

\_\_\_\_ Medicare card (if applicable)

\_\_\_\_ Photo Identification copy

\_\_\_\_ Social Security Card

\_\_\_\_ Special Needs Trust documentation (if applicable)

\_\_\_\_ Wage statement from employer (if applicable)

\_\_\_\_ Current representative payee information

**Nursing**

\_\_\_\_ Dates of most recent exams by dental, vision, primary doctor & any specialists

\_\_\_\_ Hepatitis status **OR** Hepatitis profile **OR** date of Hepatitis vaccine series (if not noted on immunization record)

\_\_\_\_ Immunization record

\_\_\_\_ Doctor must transfer prescriptions to Parkview Pharmacy prior to move in

\_\_\_\_ Lab work (if available)

\_\_\_\_ Names & contact info for all medical providers

\_\_\_\_ Over the Counter Standing order form signed by Primary Doctor (Arc will provide form to CC)

\_\_\_\_ PPD (1 within the past 12 months, will need 2 within 12 months)

\_\_\_\_ Tetanus shot with 10 years (prior to move in)

\_\_\_\_ Two Hour Range Order form signed by Primary Doctor (Arc will provide form to CC)

\_\_\_\_ List of allergies

\_\_\_\_ List of durable medical equipment (AFO’s, wheelchair, walker, etc.)

\_\_\_\_ Diet guidelines