**Service Recipient Information Cover Sheet**

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**Person Information**

|  |  |
| --- | --- |
| First name:  | Last name: |
| Admission Date: | Service Initiation Date: |
| Date of Birth: | Gender: | Social security number:  |
| Address: | Phone number: | Cell number:  |
| Waiver Type: | Service Type: |

**Insurance Information**

|  |  |
| --- | --- |
| Primary insurance number: | Medical Assistance number: |
| Medicare number:  | Other insurance information:  |

**Legal status**

|  |
| --- |
|  □ responsible for self □ under guardianship □ under commitment  |

**Legal representative contact information**

|  |  |
| --- | --- |
| First name | Last name: |
| Address: |
| Office number:  | Cell number:  |

**Primary emergency contact information**

|  |  |
| --- | --- |
| First name | Last name: |
| Address: |
| Office number:  | Cell number:  |

**Case Manager contact information**

|  |  |
| --- | --- |
| First name | Last name: |
| Address: |
| Office number:  | Cell number:  |

**Health information**

|  |
| --- |
| Medical history: |
| Special dietary needs: |
| Allergies: |

**Health care provider contact information**

|  |
| --- |
| Primary physician name: |
| Clinic Name: |
| Address:  |
| Phone number: | Fax number:  |

|  |
| --- |
| Health care provider name: |
| Clinic Name: |
| Address:  |
| Phone number:  | Fax number:  |
| Health care provider name: |
| Clinic Name: |
| Address:  |
| Phone number:  | Fax number:  |

|  |
| --- |
| This program is responsible for assisting this person in setting up medical appointments : 🞏 Yes 🞏 No |

**Other Service Providers**

|  |  |
| --- | --- |
| Contact Person | Telephone number |
| Address |
| Service Provided | Staff Responsible for Coordination |

|  |  |
| --- | --- |
| Contact Person | Telephone number |
| Address |
| Service Provided | Staff Responsible for Coordination |

|  |  |
| --- | --- |
| Contact Person | Telephone number |
| Address |
| Service Provided | Staff Responsible for Coordination |

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Signature | Title | Date |
|  |  | Person |  |
|  |  | Legal Representative |  |