Client Name: _____ Record Number: _____

UPRSING HOMES, INC
132 West Main Street | Williamston, NC 27892
TELEPHONE #: 252.792.7812
FAX #: 252.792.7812

APPLICATION FOR ENROLLMENT

( ) Residential Service ( ) CAPMR/DD Service ( ) Respite

Applicant Name: _____ Date of Application: _____

Date Of Birth: _____ Race: _____ Sex: _____

MR #: _____ SSN: _____ Adm. Date: _____

Address: _____

Diagnosis and Codes:

	DSM Code	Diagnosis	Diagnosis Date
Axis I			
Axis II			
Axis III			
Axis IV			
Axis V			

( ) Medicaid #_____ ( ) Health choice # _____ Eligibility Date _____

Does family have any other health insurance? If yes, please provide the following information:

Insurance Name: _____ Policy #: _____

Address: _____ Telephone #: _____

Name of Card Holder: _____

Mother/Guardian: _____ Home #: _____ Work #:_____

Father/Guardian: _____ Home #: _____ Work #:_____

In the event of injury or illness, please indicate emergency contacts:

Name: _____ Relationship: _____

Address: _____ Home #: _____Work #: _____

Client Name: _____ Record Number: _____

MEDICAL INFORMATION:

Physician's Name: _____ Telephone #: _____

Current Medications / Dosages:

Allergies: _____ _____

Any medical/physical problems or limitations? _____

EDUCATIONAL INFORMATION:

Name Of School: _____ Grade: _____

Special Program: _____

Describe any school problems: _____

_____

MENTAL HEALTH ISSUES / CONCERNES:

Parent/Guardian's concerns about client: _____

_____

_____

Has client been hospitalized or placed outside of the home? If yes, include when, where, and reason:

Facility Name	Date Admitted	Reason

List the client's hobbies:_____

Client Name: _____ Record Number: _____

List other professionals currently working with client/family. (Provide name/agency and service)

Service	County	Case Manager	Phone #	Date
ADAP				
CAP/MR				
Developmental Day				
Mental Health				
Residential				
Social Services				
Vocational				

CHECK LIST OF 1ST VISIT DOCUMENTIONS:

_____ Application For Enrollment

_____ Client Assessment

_____ Emergency Information

_____ Consent for Emergency Service

_____ Medication Administration Consent

_____ Client Right Handbook

_____ House Rules (Residential)

_____Face Sheet

_____ Assessment From

_____ Program Agreement

_____ Medication Education

_____ HIPAA

_____ Admission/Consent Agreement

_____ PCP