Submit by Email | Print Form

Client Intake Form

Date: 3/18/13

Client Information:

Name:

Address:

City:

Zip:

Wyoming Resident: ◯ Yes ◯ No

Phone 1:

Phone 2:

Email Address:

Date of Birth:

Age:

Gender: ◯ Male ◯ Female

Lives Alone? ◯ Yes ◯ No

Emergency Contact:

Relationship:

Contact Phone:

Medical Condition(s):

Primary Care Physician:

In Home Workers: ☐ PT ☐ OT ☐ SLP ☐ Nursing ☐ Home Health Aide

Has condition been diagnosed by a doctor? ◯ Yes ◯ No

Client diabetic? ◯ Yes ◯ No

Client interested in Aquatic Therapy? ◯ Yes ◯ No

Client interested in Transportation Training? ◯ Yes ◯ No

Client interested in In-Home Therapy? ◯ Yes ◯ No

Client interested in Community Reintegration? ◯ Yes ◯ No

Referral Information:

How did you hear about Stepping Stones?

Staff Name:

Referring Agency:

Adjusted Income level:

For the current income level break down, please click the link below:
Current Income Levels

◯ Level 1
◯ Level 2
◯ Level 3
◯ Level 4
◯ Level 5
◯ Level 6
◯ Level 7
◯ Level 8

Visually Verified By: ◯ Social Security statement ◯ Tax Return

Additional expenses to consider for evaluation of cost share payments (such as excessive monthly prescriptions):

CTRS Use Only

Date of Contact Call:

Date Site Visit:

Directions:

Program Acceptance: ◯ Yes ◯ No

Check the following when completed:

☐ NAPIS form
☐ Release form on file
☐ LCM Assessment
☐ Part. Cost sharing review
☐ Chart/file developed
☐ Released from program

◯ Successful reintegration
◯ Met participant/program goals
◯ Information and referral provided
◯ Trial Therapy
◯ Returned to care/hospital setting
◯ Physically/mentally unable to participate
◯ Moved out of area
◯ Refused Treatment
◯ Other

Stepping Stones In-Home Therapeutic Recreation Program, Administered by City of Wyoming Parks & Recreation Dept.
2380 DeHoop Ave SW ● Wyoming, MI 49509 ● Phone: (616) 530-3190 ● Fax: (616) 261-3599
Web: http://steppingstones.wyomingmi.gov