INTAKE INFORMATION– RESIDENTIAL SERVICES

INTAKE INFORMATION - PLEASE CHECK ALL THAT APPLY

CLIENT NAME: _____ **DATE COMPLETED:** _____

1. RIGHTS, COMMUNICATION AND LITERACY:

COMMUNICATION AIDS & VERBAL SKILLS:

- INDIVIDUAL IS DEAF? **YES** ☐ **NO** ☐
- HARD OF HEARING? **YES** ☐ **NO** ☐
- USES HEARING AIDS? **YES** ☐ **NO** ☐
- RECEPTIVE SKILLS – ABLE TO UNDERSTAND OTHERS? **YES** ☐ **NO** ☐
- EXPRESSIVE SKILLS – ABLE TO EXPRESS ONE'S-SELF? **YES** ☐ **NO** ☐
- ABLE TO USE LANGUAGE APPROPRIATELY? **YES** ☐ **NO** ☐
- ABLE TO EXPRESS WANTS AND NEEDS TO OTHERS USING WORDS? **YES** ☐ **NO** ☐
- LANGUAGES SPOKEN? Click here to enter text.
- SPEAKS ENGLISH? Click here to enter text.

NON-TRADITIONAL COMMUNICATION SKILLS:

- ABLE TO UNDERSTAND AMERICAN SIGN LANGUAGE (ASL)? **YES** ☐ **NO** ☐
- ABLE TO COMMUNICATE USING ASL AND GESTURES? **YES** ☐ **NO** ☐
- ABLE TO EXPRESS NEEDS USING PICTURES? **YES** ☐ **NO** ☐
- ABLE TO EXPRESS WANTS AND NEEDS USING ALTERNATIVE COMMUNICATION METHODS? **YES** ☐ **NO** ☐
- USE OF VISUAL – PICTORAL OR MAGNETIC COMMUNICATION BOARD TO COMMUNICATE? **YES** ☐ **NO** ☐

TELEPHONE SKILLS :

- CAN USE THE PHONE? **YES** ☐ **NO** ☐
- CAN TEXT? **YES** ☐ **NO** ☐
- CAN REMEMBER OWN PHONE NUMBER #? **YES** ☐ **NO** ☐
- CAN ANSWER PHONE CALL APPROPRIATELY? **YES** ☐ **NO** ☐
- ABLE TO CALL OTHERS? **YES** ☐ **NO** ☐

COMMUNICATION WITH OTHERS:

- DOES THE INDIVIDUAL HAVE CONTACT WITH FAMILY? **YES** ☐ **NO** ☐
  IF SO, WITH WHOM?Click here to enter text.
  HOW OFTEN? Click here to enter text.
- DOES THE INDIVIDUAL HAVE CONTACT WITH FRIENDS? **YES** ☐ **NO** ☐
  IF SO, WITH WHOM? Click here to enter text.
  HOW OFTEN? Click here to enter text.

LITERACY SKILLS:

- WHAT IS THE INDIVIDUALS LEVEL OF COMPLETED EDUCATION? Click here to enter text.
- ABLE TO PRINT OWN NAME? **YES** ☐ **NO** ☐
- ABLE TO UNDERSTAND AND TELL TIME? **YES** ☐ **NO** ☐
- ABLE TO UNDERSTAND CALENDARS? **YES** ☐ **NO** ☐
- READING LEVEL? **POOR** ☐ **FAIR** ☐ **GOOD** ☐
- WRITING LEVEL? **POOR** ☐ **FAIR** ☐ **GOOD** ☐
- ABLE TO UNDERSTAND AND FOLLOW WHAT NUMBER OF SEQUENTIAL STEPS?
  1 - 2 ☐ **2 - 3** ☐ **3 - 5** ☐

RIGHTS:

1. KNOWS AND/OR UNDERSTANDS PERSONAL RIGHTS?
   YES ☐ **NO** ☐
2. KNOWS AND/OR UNDERSTANDS SUPPORT RIGHTS?
   YES ☐ **NO** ☐
3. UNDERSTANDS RESPONSIBILITIES ASSOCIATED WITH RIGHTS ?
   YES ☐ **NO** ☐

2. SOCIALIZATION, PERSONALITY AND TEMPERAMENT:

SOCIAL ABILITY TRAITS (check off the traits that apply)

Shy? ☐ ; Outgoing? ☐; Affectionate? ☐; Distant? ☐; Cheerful? ☐; Aloof? ☐; Cooperative? ☐; Combative? ☐; Enthusiastic? ☐ ; Indifferent? ☐ ; Flexible? ☐; Rigid? ☐; Focused? ☐ ; Scattered? ☐; Sensitive? ☐

PERSONALITY AND TEMPERAMENT (check off the descriptors that apply)

→ ABLE TO GET ALONG WITH OTHERS? **YES** ☐ **NO** ☐
→ ABLE TO GET ALONG WITH PEERS? **YES** ☐ **NO** ☐
→ ABLE TO GET ALONG WITH STAFF? **YES** ☐ **NO** ☐
→ TENDS TO BE A LONER? **YES** ☐ **NO** ☐

POSSIBLE TRAUMATIC EXPERIENCES?

PARENT SEPARATION/DIVORCE AT EARLY AGE? **YES** ☐ **NO** ☐
HISTORY OF FREQUENT MOVES? **YES** ☐ **NO** ☐
PREVIOUS INSTITUTIONALIZATION? **YES** ☐ **NO** ☐
PHYSICAL ABUSE? **YES** ☐ **NO** ☐
SEXUAL ABUSE? **YES** ☐ **NO** ☐
OTHER? Click here to enter text.
Click here to enter text.

SIGNIFICANT LOSS EXPERIENCES?

LOSS OF A PARENT(S) **YES** ☐ **NO** ☐
LOSS OF SIBLING(S)? **YES** ☐ **NO** ☐
LOSS OF SOMEONE SIGNIFICANT? **YES** ☐ **NO** ☐
ACCIDENT (VEHICLE), SIGNIFICANT INJURY? **YES** ☐ **NO** ☐
Other?

DESCRIBE HOW WE CAN BEST SUPPORT THE INDIVIDUAL GIVEN THEIR TRAUMATIC AND/OR SIGNIFICANT LOSSES?
Click here to enter text.

3. MEMORY, PREFERRED LEARNING STYLE AND TEACHING RECOMMENDATIONS:

PREFERRED LEARNING STYLE ?

→ VISUAL LEARNER E.G. PREFERS LEARNING VISUALLY – WITH PICTURES, IMAGES, AND SPACIAL LEARNING APPROACHES? **YES** ☐ **NO** ☐

→ AURAL OR AUDITORY LEARNER E.G. PREFERS LEARNING WITH SOUND AND/OR MUSICAL LEARNING APPROACHES? **YES** ☐ **NO** ☐

→ VERBAL OR LINGUISTIC LEARNER E.G. PREFERS USING WORDS, BOTH SPEECH AND WRITTEN LEARNING APPROACHES? **YES** ☐ **NO** ☐

→ PHYSICAL OR KINESTETIC LEARNER E.G. PREFERS A HANDS-ON LEARNING APPROACH; USING THE BODY TO LEARN, HANDS AND SENSE OF TOUCH LEARNING APPROACHES? **YES** ☐ **NO** ☐

SKILL DEVELOPMENT APPROACHES ?

→ REQUIRES ONE-TO-ONE INSTRUCTION? **YES** ☐ **NO** ☐

→ COMFORTABLE WITH GROUP INSTRUCTION? **YES** ☐ **NO** ☐

→ NEEDS FREQUENT REPETITION OF INSTRUCTIONS AND/OR REQUESTS? **YES** ☐ **NO** ☐

→ LEARNS BEST IF TASK IS BROKEN-DOWN? **YES** ☐ **NO** ☐

→ LEARNS BEST IF GIVEN TIME TO PROCESS REQUESTS? **YES** ☐ **NO** ☐

→ LEARNS BEST WITH POSITIVE ENCOURAGEMENT? **YES** ☐ **NO** ☐

→ LEARNS BEST IF REWARDED FOR PROGRESS? **YES** ☐ **NO** ☐

MEMORY, ATTENTION AND FOCUS ABILITIES:

→ SHORT TEAM MEMORY? **POOR** ☐ **FAIR** ☐ **GOOD** ☐

→ LONG TERM MEMORY? **POOR** ☐ **FAIR** ☐ **GOOD** ☐

→ ATTENTION SPAN? **POOR** ☐ **FAIR** ☐ **GOOD** ☐

→ SUSTAINED FOCUS ON TASK? **POOR** ☐ **FAIR** ☐ **GOOD** ☐

COGNITIVE, COORDINATION AND TASK COMPLETION COMPETENCIES:

→ EYE TO HAND COORDINATION? **POOR** ☐ **FAIR** ☐ **GOOD** ☐

→ PLANNING ABILITIES? **POOR** ☐ **FAIR** ☐ **GOOD** ☐

→ IDENTIFYING AND NAMING **POOR** ☐ **FAIR** ☐ **GOOD** ☐

→ PROCESSING INFORMATION **POOR** ☐ **FAIR** ☐ **GOOD** ☐

→ RESPONSE TIME? **POOR** ☐ **FAIR** ☐ **GOOD** ☐

→ ABLE TO SEQUENCE EXPECTATIONS? **YES** ☐ **NO** ☐

→ SELF-COMPLETION OF TASKS ? **YES** ☐ **NO** ☐

→ HANDLE CHANGE AND TRANSITION? **YES** ☐ **NO** ☐

→ ABLE TO PROBLEM SOLVE AND MAKE DECISIONS ON OWN? **YES** ☐ **NO** ☐

→ COMPLETE WORK ON DEADLINES **YES** ☐ **NO** ☐

4. MOBILITY AND TRANSFERRING SUPPORT NEEDS:

MOBILITY AWARENESS:

GOOD GROSS MOTOR CONTROL? **YES** ☐ **NO** ☐

GOOD FINE MOTOR CNTROL? **YES** ☐ **NO** ☐

FUNCTIONAL USE OF LIMBS? **YES** ☐ **NO** ☐

ABLE TO BEAR WEIGHT? **YES** ☐ **NO** ☐

ABLE TO GO UP/DOWN STAIRS? **YES** ☐ **NO** ☐

ABLE TO GET INTO/OUT OF VEHICLES? **YES** ☐ **NO** ☐

ABLE TO GET AROUND HOME? **YES** ☐ **NO** ☐

ABLE TO GET OUT INTO COMMUNITY? **YES** ☐ **NO** ☐

IF NO, DESCRIBE SUPPORTS REQUIRED? Click here to enter text.

HAS PERSONAL MOBILITY AIDS AND EQUIPMENT:

WALKER? **YES** ☐ **NO** ☐

ADDITIONAL GRAB BARS/RAILS? **YES** ☐ **NO** ☐

CANE? **YES** ☐ **NO** ☐

WHEELCHAIR? **YES** ☐ **NO** ☐

MECHANICAL LIFT? **YES** ☐ **NO** ☐

TRANSFER BELT? **YES** ☐ **NO** ☐

TRANSFER BOARD? **YES** ☐ **NO** ☐

ELEVATED TOLET SEAT? **YES** ☐ **NO** ☐

ARE THERE FOLLOW-UP ASSESSMENTS AND/OR TUNE-UPS REQUIRED FOR THESE AIDS AND EQUIPMENT?

YES ☐ **NO** ☐

STATE THE AID REQUIRED AND DATE FOR FOLLOW-UP MAINTENANCE CHECKS (IF KNOWN)?
Click here to enter text.

PLEASE DESCRIBE OTHER ASSISTIVE DEVICES OR EQUIPMENT, OR LIFTS AND TRANSFER REQUIREMENTS NEEDED?
Click here to enter text.

INDEPENDENT WITH MOBILITY? **YES** ☐ **NO** ☐

CAN TRANSFER INDEPENDENTLY? **YES** ☐ **NO** ☐

REQUIRES ASSISTANCE:

SEATED TO STANDING POSITION? **YES** ☐ **NO** ☐

WALKING E.G. UNSTEADY GAIT? **YES** ☐ **NO** ☐

USES A WALKER ASSISTIVE DEVICE? **YES** ☐ **NO** ☐

USES A CANE ASSISTIVE DEVICE? **YES** ☐ **NO** ☐

GETTING UP FROM FLOOR AFTER A FALL? **YES** ☐ **NO** ☐

GETTING INTO/OUT OF VEHICLES? **YES** ☐ **NO** ☐

TURNING OVER OR REPOSITIONING IN BED? **YES** ☐ **NO** ☐

TRANSFERRING FROM:

TRANSFER FROM BED TO WHEELCHAIR? **YES** ☐ **NO** ☐

WHEELCHAIR TO BED? **YES** ☐ **NO** ☐

WHEELCHAIR TO SEATED SURFACE? **YES** ☐ **NO** ☐

SEATED SURFACE TO WHEELCHAIR? **YES** ☐ **NO** ☐

WHEELCHAIR TO COMMODE? **YES** ☐ **NO** ☐

COMMODE TO WHEELCHAIR? **YES** ☐ **NO** ☐

WHEELCHAIR TO TOILET? **YES** ☐ **NO** ☐

TOILET TO WHEELCHAIR? **YES** ☐ **NO** ☐

INTO / OUT OF SHOWER / BATHTUB? **YES** ☐ **NO** ☐

SAFEST METHOD FOR LIFTING/TRANSFERRING?

→ USES A TRANSFER BELT? **YES** ☐ **NO** ☐

→ USES A TRANSFER BOARD? **YES** ☐ **NO** ☐

→ REQUIRES A MECHANICAL LIFT? ? **YES** ☐ **NO** ☐

→ REQUIRES A ONE PERSON ASSIST? **YES** ☐ **NO** ☐

→ REQUIRES A TWO PERSON ASSIST? **YES** ☐ **NO** ☐

5. AIDS TO DAILY LIVING AND INDEPENDENT LIVING SKILLS:

BOWEL AND BLADDER CARE: IS THE INDIVIDUAL INDEPENDENT	**PERSONAL HYGIENE/GROOMING:**	**BATHING SAFETY CONSIDERATIONS:** BATHS INDEPENDENTLY?

YES ☐ **NO** ☐ IF NOT, DO THEY NEED ASSISTANCE WITH: TOILETING ? **YES** ☐ **NO** ☐ INCONTINENCE? **YES** ☐ **NO** ☐ MENSTRUAL CARE? **YES** ☐ **NO** ☐ **UNUSUAL BEHAVIOURS?** FECAL SMEARING? **YES** ☐ **NO** ☐ URINATING ON OBJECTS/SURFACES **YES** ☐ **NO** ☐ IF SO OR IF OTHER BEHAVIOURS, PLEASE DESCRIBE: Click here to enter text.	WASHING/DRYING FACE? **YES** ☐ **NO** ☐ BRUSHING HAIR? **YES** ☐ **NO** ☐ CUT FINGER/TOE NAILS? **YES** ☐ **NO** ☐ APPLYING DEORDORANT? **YES** ☐ **NO** ☐ APPLYING MAKE-UP? **YES** ☐ **NO** ☐ SHAVING? **YES** ☐ **NO** ☐ ABLE TO DRY SELF? **YES** ☐ **NO** ☐ DENTAL CARE? **YES** ☐ **NO** ☐	**YES** ☐ **NO** ☐ SHOWER? **YES** ☐ **NO** ☐ NEEDS ASSISTANCE? **YES** ☐ **NO** ☐ DESCRIBE ASSISTANCE REQUIRED? Click here to enter text.
DRESSING & LAUNDRY SUPPORTS: CAN DRESS THEMSELF? **YES** ☐ **NO** ☐ SELECTS OWN CLOTHING? **YES** ☐ **NO** ☐ REQUIRES PROMPTING? **YES** ☐ **NO** ☐ NEEDS REMINDERS? **YES** ☐ **NO** ☐ DOES OWN LAUNDRY? **YES** ☐ **NO** ☐ CAN SORT CLOTHING? **YES** ☐ **NO** ☐ CAN FOLD CLOTHING? **YES** ☐ **NO** ☐ CAN IRON CLOTHING? **YES** ☐ **NO** ☐ CAN PUT CLOTHES AWAY? **YES** ☐ **NO** ☐ CHANGE BEDDING? **YES** ☐ **NO** ☐	**EATING AND DRINKING:** EATS INDEPENDENTLY? **YES** ☐ **NO** ☐ DRINKS INDEPENDENTLY? **YES** ☐ **NO** ☐ IF NOT, DESCRIBE SUPPORTS AND/OR ASSISTIVE DEVICES REQUIRED? Click here to enter text.	**MEAL KNOWLEDGE & PREPARATION:** FOLLOW MENU/RECIPE? **YES** ☐ **NO** ☐ COOKING MEALS? **YES** ☐ **NO** ☐ HELP COOK MEALS? **YES** ☐ **NO** ☐ SET TABLE? **YES** ☐ **NO** ☐ MEAL CLEAN-UP? **YES** ☐ **NO** ☐ WASH DISHES? **YES** ☐ **NO** ☐ PUT AWAY DISHES? **YES** ☐ **NO** ☐ TABLE MANNERS? **YES** ☐ **NO** ☐ ABLE TO SHOP? **YES** ☐ **NO** ☐
HOUSEHOLD CHORES/CLEANING: DUSTING? **YES** ☐ **NO** ☐ SWEEPING? **YES** ☐ **NO** ☐ MOPPING? **YES** ☐ **NO** ☐	**MAKING APPOINTMENTS:** MAKE PROFESSIONAL APPOINTMENTS WITHOUT SUPPORT? **YES** ☐ **NO** ☐ MAKE PROFESSIONAL APPOINTMENTS WITH REMINDERS, ETC.? **YES** ☐ **NO** ☐	**RECREATION AND LEISURE PURSUITS:** ACTIVITIES WITHIN THE HOME? Click here to enter text. ACTIVITIES IN COMMUNITY?

VACUUMING? **YES** ☐ **NO** ☐ YARD WORK? **YES** ☐ **NO** ☐ SIDEWALK SHOVELLING? **YES** ☐ **NO** ☐	HAS DIFFICULTY/RESISTANCE TO ATTENDING PROFESSIONAL APPOINTMENTS? **YES** ☐ **NO** ☐ ABLE TO ATTEND PROFESSIONAL APPOINTMENTS WITHOUT SUPPORTS? **YES** ☐ **NO** ☐	Click here to enter text. AWARENESS OF REC & LEISURE OPTIONS AVAILABLE? **YES** ☐ **NO** ☐
MONEY MANAGEMENT SKILLS? INDEPENDENT? **YES** ☐ **NO** ☐ PERSONAL BUDGET? **YES** ☐ **NO** ☐ BANK ACCOUNT? **YES** ☐ **NO** ☐ MONEY LITERACY? **YES** ☐ **NO** ☐ INDEPENDENT WITH FINANCES? **YES** ☐ **NO** ☐	**SAFETY AT HOME NEEDS?** → IS AWARE OF AND CAN RESPOND TO FIRE SAFETY CONCONCERNS? **YES** ☐ **NO** ☐ → IS ABLE TO CALL 911? **YES** ☐ **NO** ☐ → IS ABLE TO GET HELP IF NEEDED? **YES** ☐ **NO** ☐ → KNOWS FIRST-AID AND HOW TO TREAT PERSONAL INJURIES? **YES** ☐ **NO** ☐ → KNOWS TO KEEP THE CURTAINS PULLED AND DOORS LOCKED WHEN HOME? **YES** ☐ **NO** ☐ → KNOWS NOT TO PERMIT STRANGERS INTO THE HOUSE; ASK FOR ID? **YES** ☐ **NO** ☐	**SAFETY IN THE COMMUNITY NEEDS:** → KNOWS THE DIFFERENCE BETWEEN A FRIEND AND A STRANGER **YES** ☐ **NO** ☐ → KNOWS HOW TO AVOID BEING TAKEN ADVANTAGE OF, BY OTHERS **YES** ☐ **NO** ☐ → IS ABLE TO TELL OTHERS HIS ADDRESS AND PHONE #? **YES** ☐ **NO** ☐ → UNDERSTANDS STREET SMARTS AND TRAFFIC SAFETY? **YES** ☐ **NO** ☐ → IS FAMILIAR WITH THEIR COMMUNITY AND COULD FIND THEIR WAY HOME? **YES** ☐ **NO** ☐ → KNOWS HOW TO ACCESS AND USE BUS ROUTES? **YES** ☐ **NO** ☐ → IS AT RISK FOR GETTING LOST? **YES** ☐ **NO** ☐

6. BEHAVIOURAL COMMUNICATION:	
DOES THE INDIVIDUAL EXPERIENCE ANXIETY? **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE THE WAYS THE INDIVIDUAL SHOWS THEIR ANXIETY? Click here to enter text.	**DOES THE INDIVIDUAL EVER BECOME VERBALLY AGGRESSIVE (E.G. NAME CALLING, SWEARING, YELLING)?** **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE WHAT THEY MIGHT SAY OR DO?

IDENTIFY SITUATIONS OR EVENTS THAT COULD TRIGGER THE INDIVIDUAL FEELING ANXIOUS? Click here to enter text. IF SO, PLEASE DESCRIBE WHAT HELPS THE INDIVIDUAL RELAX AND COPE WITH THEIR ANXIETY? Click here to enter text.	Click here to enter text. DESCRIBE SITUATIONS OR EVENTS THAT COULD TRIGGER VERBAL AGGRESSION? Click here to enter text. WHAT IS THE BEST WAYS TO RESPOND TO THE INDIVIDUAL'S VERBALLY AGGRESSIVE BEHAVIOURS? Click here to enter text.
DOES THE INDIVIDUAL EVER ENGAGE IN AT-RISK PHYSICALLY AGGRESSIVE (E.G. PUNCHING, PUSHING, KICKING, GRABBING OTHERS, SPITTING, BITING, ETC.) BEHAVIOURS? **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE HOW THEY HAVE PHYSICALLY ATTACKED OR HURT OTHERS? Click here to enter text. DESCRIBE SITUATIONS OR EVENTS THAT COULD TRIGGER THIS INDIVIDUAL TO PHYSICALLY HURT OTHERS? Click here to enter text. WHAT STRATEGIES OR APPROACHES HELP TO STOP OR PREVENT THE INDIVIDUAL IF THEY PHYSICALLY TRY TO HURT OTHERS? Click here to enter text.	**DOES THE INDIVIDUAL EVER BREAK THINGS OR DESTROY PROPERTY?** **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE WHAT THE INDIVIDUAL HAS BROKEN OR WHAT THEY HAVE DESTROYED IN THE PAST? Click here to enter text. DESCRIBE SITUATIONS OR EVENTS THAT COULD TRIGGER PROPERTY DESTRUCTIVE BEHAVIOURS? Click here to enter text. WHAT ARE THE BEST APPROACHES TO PREVENT THE INDIVIDUAL FROM BREAKING THINGS OR DESTROYING PROPERTY? Click here to enter text.
DOES THE INDIVIDUAL HAVE A HISTORY OF DEPRESSION? **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE WHAT THEY DO WHEN THEY FEEL DEPRESSED? Click here to enter text. DESCRIBE SITUATIONS OR EVENTS THAT COULD TRIGGER THE INDIVIDUAL TO EXPERIENCE DEPRESSION? Click here to enter text. WHAT APPROACHES ARE RECOMMENDED TO MOVE THIS INDIVIDUAL OUT OF THEIR DEPRESSION? Click here to enter text.	**DOES THE INDIVIDUAL EVER HURTS THEMSELVES OR ENGAGED IN SELF-HARMFUL BEHAVIOURS?** **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE HOW THEY HAVE HURT THEMSELVES IN THE PAST? Click here to enter text. DESCRIBE SITUATIONS OR EVENTS THAT COULD TRIGGER SELF-HARMFUL BEHAVIOURS? Click here to enter text. WHAT ARE THE BEST STRATEGIES TO SUPPORT THE INDIVIDUAL IF THEY GET SELF-ABUSIVE? Click here to enter text.
DOES THE INDIVIDUAL EVER THREATENED TO END THEIR	**DOES THE INDIVIDUAL EVER ENGAGE IN UNHEALTHY OR**

LIFE – SUICIDE TALK? **YES** ☐ **NO** ☐ **HAS THE INDIVIDUAL EVER ACTED OR ATTEMPTED TO END THEIR LIFE – ATTEMPTED SUICIDE ACTIONS?** **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE THE KINDS TO THREATS THE INDIVIDUAL HAS PREVIOUSLY MADE? Click here to enter text. IF SO, PLEASE DESCRIBE THE KINDS OF SUICIDE ACTIONS THE INDIVIDUAL HAS PREVIOUSLY ATTEMPTED? Click here to enter text. WHAT APPROACHES AND/OR INTERVENTIONS ARE NEEDED WHEN THE INDIVIDUAL BEGINS TO TALK ABOUT OR ACT TO ATTEMPT TO END THEIR LIFE? Click here to enter text.	**INAPPROPRIATE SEXUAL ACTIONS?** **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE WHAT THEY HAVE DONE IN THE PAST? Click here to enter text. DESCRIBE SITUATIONS OR EVENTS THAT COULD TRIGGER ANY SEXUALLY INAPPROPRIATE BEHAVIOURS? Click here to enter text. WHAT ARE THE BEST STRATEGIES TO SUPPORT THE INDIVIDUAL SHOULD THIS HAPPEN? Click here to enter text.
HAS THE INDIVIDUAL EVER STOLEN FROM OTHERS? **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE WHAT THE INDIVIDUAL HAS STOLEN IN THE PAST? Click here to enter text. WHAT ARE THE BEST APPROACHES TO HELP THE INDIVIDUAL TO PREVENT THEM FROM THEFT? Click here to enter text.	**DOES THE INDIVIDUAL EVER USED ILLEGAL SUBSTANCES E.G. DRUGS OR DO THEY DRINK ALCOHOL?** **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE INSTANCES WHERE THE INDIVIDUAL HAS EVER USED ILLEGAL SUBSTANCES – DRUG USE IN THE PAST? WHEN WAS THE LAST TIME THEY DID DRUGS? Click here to enter text. HAS THE INDIVIDUAL A HISTORY OF ALCOHOL USE AND WHEN WAS THE LAST TIME THEY DRANK ALCOHOL? Click here to enter text. WHAT ARE THE BEST APPROACHES TO HELP THE INDIVIDUAL STAY CLEAN AND AVOID USING DRUGS OR ALCOHOL? Click here to enter text.
HAS THE INDIVIDUAL EVER FACED LEGAL CHARGES E.G. BEING ARRESTED? **YES** ☐ **NO** ☐ IF SO, HAS A JUDGE IMPOSED LEGAL CONSTRAINTS E.G. INCARCERATION, COMMUNITY SERVICE, PAROLE EXPECTATIONS? Click here to enter text.	**DOES THE INDIVIDUAL EVER RUN AWAY FROM FAMILY MEMBERS OR SUPPORT STAFF?** **YES** ☐ **NO** ☐ IF SO, PLEASE DESCRIBE EXAMPLES OF WHEN THE INDIVIDUAL WENT RAN AWAY? Click here to enter text.

WHAT WERE THE SPECIFIC CHARGES? Click here to enter text.	IF THE INDIVIDUAL DOES GO AWOL FROM SUPPORTS; WHAT ARE YOUR EXPECTATIONS E.G. WHO DO YOU WANT CALLED FIRST, ACTIONS TAKEN, ETC.? Click here to enter text. WHAT ARE THE BEST APPROACH TO HELP THE INDIVIDUAL STAY WITH STAFF AND AVOID WANTING TO GO AWOL? Click here to enter text.

Intake Information Completed By:

Name of Person (Please Print)	Signature	Date