

**INTAKE INFORMATION** - PLEASE CHECK ALL THAT APPLY

**CLIENT NAME:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

1. RIGHTS, COMMUNICATION AND LITERACY:	
<p><b>COMMUNICATION AIDS &amp; VERBAL SKILLS:</b></p> <ul style="list-style-type: none"> <li>➤ INDIVIDUAL IS DEAF?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ HARD OF HEARING?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ USES HEARING AIDS?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ RECEPTIVE SKILLS – ABLE TO UNDERSTAND OTHERS?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ EXPRESSIVE SKILLS – ABLE TO EXPRESS ONE’S-SELF?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ ABLE TO USE LANGUAGE APPROPRIATELY?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ ABLE TO EXPRESS WANTS AND NEEDS TO OTHERS USING WORDS?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ LANGUAGES SPOKEN? <a href="#">Click here to enter text.</a></li> <li>➤ SPEAKS ENGLISH? <a href="#">Click here to enter text.</a></li> </ul>	<p><b>NON-TRADITIONAL COMMUNICATION SKILLS:</b></p> <ul style="list-style-type: none"> <li>➤ ABLE TO UNDERSTAND AMERICAN SIGN LANGUAGE (ASL)?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ ABLE TO COMMUNICATE USING ASL AND GESTURES?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ ABLE TO EXPRESS NEEDS USING PICTURES?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ ABLE TO EXPRESS WANTS AND NEEDS USING ALTERNATIVE COMMUNICATION METHODS?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ USE OF VISUAL – PICTORAL OR MAGNETIC COMMUNICATION BOARD TO COMMUNICATE?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> </ul>
<p><b>TELEPHONE SKILLS :</b></p> <ul style="list-style-type: none"> <li>➤ CAN USE THE PHONE?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ CAN TEXT?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ CAN REMEMBER OWN PHONE NUMBER #?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ CAN ANSWER PHONE CALL APPROPRIATELY?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> <li>➤ ABLE TO CALL OTHERS?      YES <input type="checkbox"/>      NO <input type="checkbox"/></li> </ul>	<p><b>COMMUNICATION WITH OTHERS:</b></p> <ul style="list-style-type: none"> <li>➤ DOES THE INDIVIDUAL HAVE CONTACT WITH FAMILY?      YES <input type="checkbox"/>      NO <input type="checkbox"/>              IF SO, WITH WHOM?<a href="#">Click here to enter text.</a>              HOW OFTEN? <a href="#">Click here to enter text.</a></li> <li>➤ DOES THE INDIVIDUAL HAVE CONTACT WITH FRIENDS?      YES <input type="checkbox"/>      NO <input type="checkbox"/>              IF SO, WITH WHOM? <a href="#">Click here to enter text.</a>              HOW OFTEN? <a href="#">Click here to enter text.</a></li> </ul>

<p><b>LITERACY SKILLS:</b></p> <ul style="list-style-type: none"> <li>➤ WHAT IS THE INDIVIDUALS LEVEL OF COMPLETED EDUCATION? <a href="#">Click here to enter text.</a></li> <li>➤ ABLE TO PRINT OWN NAME?      YES <input type="checkbox"/>    NO <input type="checkbox"/></li> <li>➤ ABLE TO UNDERSTAND AND TELL TIME? <ul style="list-style-type: none"> <li>YES <input type="checkbox"/>    NO <input type="checkbox"/></li> </ul> </li> <li>➤ ABLE TO UNDERSTAND CALENDARS? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>➤ READING LEVEL?    POOR <input type="checkbox"/>    FAIR <input type="checkbox"/>    GOOD <input type="checkbox"/></li> <li>➤ WRITING LEVEL?    POOR <input type="checkbox"/>    FAIR <input type="checkbox"/>    GOOD <input type="checkbox"/></li> <li>➤ ABLE TO UNDERSTAND AND FOLLOW WHAT NUMBER OF SEQUENTIAL STEPS? <p style="margin-left: 20px;">1 - 2 <input type="checkbox"/>        2 - 3 <input type="checkbox"/>        3 - 5 <input type="checkbox"/></p> </li> </ul>	<p><b>RIGHTS:</b></p> <ol style="list-style-type: none"> <li>1. KNOWS AND/OR UNDERSTANDS PERSONAL RIGHTS? <p style="text-align: right;">YES <input type="checkbox"/>    NO <input type="checkbox"/></p> </li> <li>2. KNOWS AND/OR UNDERSTANDS SUPPORT RIGHTS? <p style="text-align: right;">YES <input type="checkbox"/>    NO <input type="checkbox"/></p> </li> <li>3. UNDERSTANDS RESPONSIBILITIES ASSOCIATED WITH RIGHTS ? <p style="text-align: right;">YES <input type="checkbox"/>    NO <input type="checkbox"/></p> </li> </ol>
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2. SOCIALIZATION, PERSONALITY AND TEMPERAMENT:	
<p><b>SOCIAL ABILITY TRAITS (check off the traits that apply)</b></p> <p>Shy? <input type="checkbox"/> ; Outgoing? <input type="checkbox"/> ; Affectionate? <input type="checkbox"/> ; Distant? <input type="checkbox"/> ;  Cheerful? <input type="checkbox"/> ; Aloof? <input type="checkbox"/> ; Cooperative? <input type="checkbox"/> ; Combative? <input type="checkbox"/> ;  Enthusiastic? <input type="checkbox"/> ; Indifferent? <input type="checkbox"/> ; Flexible? <input type="checkbox"/> ;  Rigid? <input type="checkbox"/> ; Focused? <input type="checkbox"/> ; Scattered? <input type="checkbox"/> ; Sensitive? <input type="checkbox"/></p>	<p><b>PERSONALITY AND TEMPERAMENT (check off the descriptors that apply)</b></p> <p>→ ABLE TO GET ALONG WITH OTHERS? YES <input type="checkbox"/>    NO <input type="checkbox"/></p> <p>→ ABLE TO GET ALONG WITH PEERS?    YES <input type="checkbox"/>    NO <input type="checkbox"/></p> <p>→ ABLE TO GET ALONG WITH STAFF?    YES <input type="checkbox"/>    NO <input type="checkbox"/></p> <p>→ TENDS TO BE A LONER?                  YES <input type="checkbox"/>    NO <input type="checkbox"/></p>
<p><b>POSSIBLE TRAUMATIC EXPERIENCES?</b></p> <p>PARENT SEPARATION/DIVORCE AT EARLY AGE? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>HISTORY OF FREQUENT MOVES?                  YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PREVIOUS INSTITUTIONALIZATION?            YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>PHYSICAL ABUSE?                                    YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>SEXUAL ABUSE?                                        YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>OTHER?    <a href="#">Click here to enter text.</a>  <a href="#">Click here to enter text.</a></p>	<p><b>SIGNIFICANT LOSS EXPERIENCES?</b></p> <p>LOSS OF A PARENT(S)                            YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>LOSS OF SIBLING(S)?                            YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>LOSS OF SOMEONE SIGNIFICANT?            YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ACCIDENT (VEHICLE), SIGNIFICANT INJURY? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Other?  <b>DESCRIBE HOW WE CAN BEST SUPPORT THE INDIVIDUAL GIVEN THEIR TRAUMATIC AND/OR SIGNIFICANT LOSSES?</b>  <a href="#">Click here to enter text.</a></p>

<b>3. MEMORY, PREFERRED LEARNING STYLE AND TEACHING RECOMMENDATIONS:</b>
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<p><b>PREFERRED LEARNING STYLE ?</b></p> <p>→ VISUAL LEARNER E.G. PREFERS LEARNING VISUALLY – WITH PICTURES, IMAGES, AND SPACIAL LEARNING APPROACHES? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ AURAL OR AUDITORY LEARNER E.G. PREFERS LEARNING WITH SOUND AND/OR MUSICAL LEARNING APPROACHES? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ VERBAL OR LINGUISTIC LEARNER E.G. PREFERS USING WORDS, BOTH SPEECH AND WRITTEN LEARNING APPROACHES? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ 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 <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><b>SKILL DEVELOPMENT APPROACHES ?</b></p> <p>→ REQUIRES ONE-TO-ONE INSTRUCTION? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ COMFORTABLE WITH GROUP INSTRUCTION? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ NEEDS FREQUENT REPETITION OF INSTRUCTIONS AND/OR REQUESTS? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ LEARNS BEST IF TASK IS BROKEN-DOWN? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ LEARNS BEST IF GIVEN TIME TO PROCESS REQUESTS? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ LEARNS BEST WITH POSITIVE ENCOURAGEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ LEARNS BEST IF REWARDED FOR PROGRESS? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>MEMORY, ATTENTION AND FOCUS ABILITIES:</b></p> <p>→ SHORT TERM MEMORY? POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/></p> <p>→ LONG TERM MEMORY? POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/></p> <p>→ ATTENTION SPAN? POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/></p> <p>→ SUSTAINED FOCUS ON TASK? POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/></p>	<p><b>COGNITIVE, COORDINATION AND TASK COMPLETION COMPETENCIES:</b></p> <p>→ EYE TO HAND COORDINATION? POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/></p> <p>→ PLANNING ABILITIES? POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/></p> <p>→ IDENTIFYING AND NAMING? POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/></p> <p>→ PROCESSING INFORMATION? POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/></p> <p>→ RESPONSE TIME? POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/></p> <p>→ ABLE TO SEQUENCE EXPECTATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ SELF-COMPLETION OF TASKS ? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ HANDLE CHANGE AND TRANSITION? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ ABLE TO PROBLEM SOLVE AND MAKE DECISIONS ON OWN? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ COMPLETE WORK ON DEADLINES YES <input type="checkbox"/> NO <input type="checkbox"/></p>

**4. MOBILITY AND TRANSFERRING SUPPORT NEEDS:**

<p><b>MOBILITY AWARENESS:</b></p> <p>GOOD GROSS MOTOR CONTROL?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>GOOD FINE MOTOR CNTROL?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>FUNCTIONAL USE OF LIMBS?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>ABLE TO BEAR WEIGHT?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>ABLE TO GO UP/DOWN STAIRS?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>ABLE TO GET INTO/OUT OF VEHICLES?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>ABLE TO GET AROUND HOME?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>ABLE TO GET OUT INTO COMMUNITY?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>IF NO, DESCRIBE SUPPORTS REQUIRED? <a href="#">Click here to enter text.</a></p> <p><b>HAS PERSONAL MOBILITY AIDS AND EQUIPMENT:</b></p> <p>WALKER?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>ADDITIONAL GRAB BARS/RAILS?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>CANE?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>WHEELCHAIR?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>MECHANICAL LIFT?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>TRANSFER BELT?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>TRANSFER BOARD?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>ELEVATED TOILET SEAT?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>ARE THERE FOLLOW-UP ASSESSMENTS AND/OR TUNE-UPS REQUIRED FOR THESE AIDS AND EQUIPMENT?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>STATE THE AID REQUIRED AND DATE FOR FOLLOW-UP MAINTENANCE CHECKS (IF KNOWN)? <a href="#">Click here to enter text.</a></p> <p>PLEASE DESCRIBE OTHER ASSISTIVE DEVICES OR EQUIPMENT, OR LIFTS AND TRANSFER REQUIREMENTS NEEDED? <a href="#">Click here to enter text.</a></p>	<p><b>INDEPENDENT WITH MOBILITY?</b>      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p><b>CAN TRANSFER INDEPENDENTLY?</b>      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p><b>REQUIRES ASSISTANCE:</b></p> <p>SEATED TO STANDING POSITION?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>WALKING E.G. UNSTEADY GAIT?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>USES A WALKER ASSISTIVE DEVICE?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>USES A CANE ASSISTIVE DEVICE?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>GETTING UP FROM FLOOR AFTER A FALL? YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>GETTING INTO/OUT OF VEHICLES?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>TURNING OVER OR REPOSITIONING IN BED? YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p><b>TRANSFERRING FROM:</b></p> <p>TRANSFER FROM BED TO WHEELCHAIR? YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>WHEELCHAIR TO BED?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>WHEELCHAIR TO SEATED SURFACE?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>SEATED SURFACE TO WHEELCHAIR?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>WHEELCHAIR TO COMMODE?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>COMMODE TO WHEELCHAIR?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>WHEELCHAIR TO TOILET?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>TOILET TO WHEELCHAIR?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>INTO / OUT OF SHOWER / BATHTUB?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p><b>SAFEST METHOD FOR LIFTING/TRANSFERRING?</b></p> <p>→ USES A TRANSFER BELT?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>→ USES A TRANSFER BOARD?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>→ REQUIRES A MECHANICAL LIFT? ?YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>→ REQUIRES A ONE PERSON ASSIST? YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>→ REQUIRES A TWO PERSON ASSIST? YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
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<b>5. AIDS TO DAILY LIVING AND INDEPENDENT LIVING SKILLS:</b>		
<b>BOWEL AND BLADDER CARE:</b> IS THE INDIVIDUAL INDEPENDENT	<b>PERSONAL HYGIENE/GROOMING:</b>	<b>BATHING SAFETY CONSIDERATIONS:</b> BATHS INDEPENDENTLY?

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

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

**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?

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



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





## INTAKE INFORMATION– RESIDENTIAL SERVICES

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:

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Name of Person (Please Print)

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Signature

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Date