



PRE-ADMISSION ASSESSMENT FORM

Updated 06/1/2021

INSTRUCTIONS: Please complete all sections and submit this form.

General Information

Date of Application: _____ **Desired Start Date:** _____

Name: _____ D.O.B: _____

Medical Assistance Number: _____ SS Number: _____

Address: _____

Applicant's Home Phone: _____

Applicant's Cell Phone: _____

Applicant's Email: _____

Requested Services:

- Community Residential Services
- Supported Living
- Personal Supports
- Respite
- Day Habilitation (facility)
- Day Habilitation (community)
- Community Development Services
- Employment Services
- Career Exploration
- Retirement / in-home
- Transportation only

County: Frederick Washington

Physician's Information

Physician Name: _____ Phone: _____

Practice Name: _____

Address: _____

Is the applicant his/her own guardian? Yes No If "no", who is the current guardian:

Name: _____ Phone: _____

Email: _____

Is the applicant currently receiving services? Yes No (If "yes", please list services and current provider)

Does the applicant have a case manager or service coordinator? Yes No (If "yes", list name, agency, and phone number)

Emergency Contact Information: (Please list two, if possible)

Emergency Contact (Name): _____

Emergency Phone: _____ Cell Phone: _____

Alternate Emergency Contact: (Name) _____

Emergency Phone: _____ Cell Phone: _____

Preferred method of contact: Phone Email Text

Applicant's Medical Information

Medical History:

Patient Diagnoses:

Medications

List Medications, Dosage, Frequency, Route, and Specific Reason for Medication below (include medications that are taken as needed):

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Is the applicant able to self-medicate? Yes No (If "yes" please specify and include a Doctor's order stating that the applicant can self-medicate) _____

SOCIAL & BEHAVIOR

Please specify any social/behavioral challenges:

1. Line of sight supervision Close supervision May be alone for: _____ min/hrs
- A. Verbal Aggression
- B. Physical Aggression
- C. Self-Injury
- D. Property Destruction
- E. Elopement
- F. Eating Inedible Items
- G. Requires 1:1 staffing
- H. Requires 2:1 staffing

Person Completing This Form

Date

Relationship to Applicant

- *Pre-admission form is only valid within 60 days of a DDA admission.*
- *HDC requires that all residents living in HDC homes have HDC as their representative payee.*

SUBMIT button (to dsmith@wchdc.org)

PRINT button

