

HEART Intake Form
Helping Every Adult Refine Transition

Date: _____

Part 1: Personal Information

Name: _____

Address: _____

Town and Zip: _____

Phone: _____

Responsible Party (if not own guardian)

Name: _____

Address: _____

Town and Zip: _____

Phone: _____

Relationship: _____

Emergency Contact #1

Name: _____

Address: _____

Town and Zip: _____

Phone: _____

Relationship: _____

Emergency Contact #2

Name: _____

Address: _____

Town and Zip: _____

Phone: _____

Relationship: _____

Part 2: Living Arrangements and Transportation

Living Arrangements: _____

Type of Dwelling: House _____ Apartment _____ Other _____

Check One: Lives with Someone Lives Alone

Transportation: _____

Part 3: Social Activities

Check all that apply:

- | | | | |
|-----------------|----------------|----------------------|-------------|
| Arts and Crafts | BINGO | Cards | Table Games |
| Physical Games | Music/Choir | Exercise | Pet Therapy |
| Socializing | Plant Care | Newspapers/Magazines | Video Games |
| Nature | Cooking/Baking | Sewing/Crocheting | Fishing |
| Outdoor Games | Movies/TV | Legos/Building | Swimming |

Part 4: Medical and Health History

Disability: _____

Physician: _____

Current Medical Problems:

Past Medical Problems:

Do you have diabetes? _____ If yes, how is it controlled? _____

Do you have seizures? _____ If yes, explain: _____

Do you have toileting needs? _____ If yes, explain: _____

Do you have allergies? _____ If yes, explain: _____

Preferred Hospital: _____

Do you take any medications? _____

If yes, please list them below, including over the counter meds.

MEDICATION	DOSAGE	TIME/FREQUENCY

Part 5: Caregiving

What other community agencies (home health or social service) do you currently use or have used?

AGENCY	REASON

Part 6: Career Goals

What is the name of your SSA: _____

What type of jobs are you interested in: _____

Do you have any work experience? If so, where: _____

Part 7: Program Preferences

As a participant what would you like to participate in?

Check all that apply:

Facility Adult Day Services

Facility Vocational Habilitation

Community Adult Day Services

Community Vocational Habilitation

Days of the week you would like to attend the program (check your preferred days):

Monday

Tuesday

Wednesday

Thursday

Friday

Time you would like to start your day? _____

Time you would like to end your day? _____

Part 8: Photo Release

Please initial your choice and sign below:

_____ **YES**, I give permission to have my photo taken and used for promoting our program.
I understand that my photo may appear on advertising or social media platforms.

_____ **No**, I do not give permission to have my photo taken or used in any form of
Publication

Participant Signature: _____

Guardian Signature if applicable: _____

Printed name: _____