



Date: \_\_\_\_\_

**First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Identification Numbers**

Social Security \_\_\_\_\_ CA ID \_\_\_\_\_ Exp. Date \_\_\_\_\_ UCI Number \_\_\_\_\_

**Personal Information**

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ ethnicity \_\_\_\_\_ Primary Language \_\_\_\_\_

Cultural Accomodation \_\_\_\_\_ Do you receive *Social Security Supplemental Income (SSI)* ?  YES  NO

Do you receive *In-Home Support Services (IHSS)* ?  YES  NO Do you receive *Community Supported Living (CSLA)* ?  YES  NO

Do you receive *Social Security Disability Insurance (SSDI)*?  YES  NO Do you receive a *Medicaid Waiver* ?  YES  NO

Primary Disability \_\_\_\_\_ Secondary Disability \_\_\_\_\_

**Program Enrollment**

*Primary Program* \_\_\_\_\_

Location \_\_\_\_\_ Funding Agency \_\_\_\_\_ Start Date \_\_\_\_\_

*Secondary Program* \_\_\_\_\_

Location \_\_\_\_\_ Funding Agency \_\_\_\_\_ Start Date \_\_\_\_\_

**Employment Documentation**

*I9 Form* has been completed?  YES  NO Date completed \_\_\_\_\_

**Consent Forms**

*Emergency Treatment*  YES  NO *Publicity Release*  YES  NO

Date completed \_\_\_\_\_ Date completed \_\_\_\_\_

**Mobility Devices**

Are you *Non Ambulatory* ?  YES  NO

If you are, indicate the mobility device(s) that you are using:

Power Chair  YES  NO Self Operated  YES  NO

Manual Chair  YES  NO Self Operated  YES  NO

Walker  YES  NO

Do you need help with any of these devices ?  YES  NO

If you do, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food Consumption**

Do you need assistance with eating ?  YES  NO

If you do, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use adaptive equipment for feeding/eating ?  YES  NO

Do need assistance with setting it up ?  YES  NO

If you do, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Toileting Needs**

Do you need assistance with toileting ?  YES  NO

If you do, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do use special equipment for toileting ?  YES  NO

If you do, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_