



Demographics Sheet

Date of Update:

Admission Date:

Case Manager (Internal/External)	Phone:	Pager:
Program/Group Home Manager:	Phone:	Pager:

Name:		SS#:	
DOB:	Sex:	Legal Status: <input type="checkbox"/> Guardian <input type="checkbox"/> Healthcare Rep <input type="checkbox"/> Emancipated <input type="checkbox"/> Other: _____	
Address:		Phone:	
City:	Zip:	County:	
Mother's Name:		Contact: Yes No	
Address:		Phone:	
Father's Name:		Contact: Yes No	
Address:		Phone:	

Emergency Contact Information

Legal Guardian:	Relationship to Consumer:
Address:	Phone:
Healthcare Rep:	Relationship to Consumer:
Address:	Phone:
Other Contact:	Relationship to Consumer:
Address:	Phone:
Other Contact:	Relationship to Consumer:
Address:	Phone:

Living Status: <input type="checkbox"/> Group Home <input type="checkbox"/> Own Family <input type="checkbox"/> Independent <input type="checkbox"/> Supportive Living <input type="checkbox"/> Other: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____
Work/Day Program Status: <input type="checkbox"/> Life Skills <input type="checkbox"/> Community Job <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____
Coordination of Health Care: <input type="checkbox"/> Carey Services <input type="checkbox"/> Family / Guardian: _____ <input type="checkbox"/> Other: _____

Landlord:
Address: Phone:

Place of Employment:
Address: Phone:
Schedule:

Benefits Received by Consumer

SSDI: Yes No	SSI: Yes No	Food Stamps: Yes No
Section 8: Yes No	RLA: Yes No	
Medicaid #:	Medicare#:	
Medicare D Provider:	Medicare D # :	
Private Carrier Name:	Private Carrier #:	

Residential History / Comments

Copies to

		Date
	Nurse	
	Behavior Specialist	
	Program Manager	
	IPMG Case Manager	
	QMRP	
	Day Service Distribution	
	MOD Book	

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