

**Rainbow Homes**  
**INTAKE INFORMATION**



2111 Adelpha Ave., Apt. B Holt, MI 48842  
Phone: 517-699-8454 • Fax: 517-699-8454  
rainbowhomes@sbcglobal.net  
Website: www.rainbow-homes.org

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Guardianship: F/P-Conservator \_\_\_\_\_

Payee: \_\_\_\_\_

Chore Services: \_\_\_\_\_

Work/School Program: \_\_\_\_\_

Days Per Week: \_\_\_\_\_ Hours Per Day: \_\_\_\_\_

Recreational Classes: \_\_\_\_\_

Leisure/Hobbies: \_\_\_\_\_

Why: \_\_\_\_\_

\_\_\_\_\_

Dreams, Hopes and Wishes: \_\_\_\_\_

\_\_\_\_\_

Income: SSI/SSA \_\_\_\_\_ VA \_\_\_\_\_ Work \_\_\_\_\_ Trust Fund \_\_\_\_\_ Other \_\_\_\_\_

Current expenses: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Ongoing appointments: \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Behaviors: \_\_\_\_\_

\_\_\_\_\_

Abilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assistance Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Long Term Goals: \_\_\_\_\_

\_\_\_\_\_

## Documentation Needed for Intake



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1. Residential Referral Information and Application
2. Medical/Health Form
3. Release of Information(s)
4. Problem Resolution Form
5. Guardianship papers
6. Birth Certificate
7. Copy of Insurance Cards
  - a. Medicaid, Medicare
  - b. Private Insurance
  - c. Medicare Drug Plan
8. Copy of Michigan ID
9. Copy of Social Security Card
10. Copy of Immunization Record
11. Current Picture
12. Recent TB Test (within 3 years)
  - a. Current Tetanus
  - b. Suggest Hepatitis B Series
13. List of Family/Friends Contacts (including Phone Number and Address)
14. Place of Employment, Address, Supervisor's Name and Work Schedule
15. Acknowledge Release
16. Consent to Non-emergency Medical Treatment
17. Consent to Emergency Medical Treatment
18. Advocate Release
19. Durable Power of Attorney for Health Care
20. Current Award Letter(s) for Income(s)

Revised 9/08