

A NEW LEAF, INC.

Certified Family Home Participant Profile



ISP Start Date: _____ 6-month: _____ End Date: _____

Contact Information:

Participant Last Name:	_____	First:	_____	M:	_____
Participant birth date:	____/____/____	Nickname:	_____	M:	____ F: ____ Age: _____
Address:	_____	City:	_____	Zip:	_____
Home Ph#:	_____	Cell#:	_____	Alt#:	_____
Emergency Contact#:	_____	Name/Relation to Participant:	_____		
SSN:	____-____-____	Medicaid#:	_____	Healthy Connections#:	_____
Whom does the participant reside with? _____					
Marital Status (please circle):	Single	Married			
Parent/Legal Guardian:	_____	Parent:	_____		
Address (if diff. from participant) _____					
Name of Parent:	_____	Ph#	_____	Cell#	_____
Name of Parent:	_____	Ph#	_____	Cell#	_____

Medical Information:

Primary Physician:	_____	Ph#	_____	Fax#	_____
Address:	_____	City:	_____	Zip:	_____
Specialist:	_____	Ph#	_____	Fax#	_____
Address:	_____	City:	_____	Zip:	_____
Specialist:	_____	Ph#	_____	Fax#	_____
Address:	_____	City:	_____	Zip:	_____
Dietary Considerations: _____					
Known Drug/Food Allergies: _____ Seizures: _____ Frequency _____					
Primary Diagnosis: _____ Secondary Diagnosis: _____					
Required assistive devices: _____					
Other Pertinent Information: _____					
Dentist:	_____	Ph#	_____	Orthodontist (please circle):	Y/N
Optometrist:	_____	Ph#	_____		

PA's: S5140 _____ 0919B _____

Previous Agency Information:

ResHab Agency: _____
 Agency Ph# _____ Fax# _____
 Program Coordinator: _____
 Current Related Services: _____
 Targeted Service Coordinator: _____ Agency: _____
 Address: _____
 Ph# _____ Fax# _____

Medications:

	PRESCRIPTIONS	DOSE	SIDE EFFECTS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	PRN'S		
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Additional Information:

Favorite Likes: _____
 Dislikes: _____
 Is Participant sensory sensitive? If yes, please describe (clothing tags, fire alarms, food textures, touch, etc.) _____

 Family members living in home 18 years of age or older: _____
 (Need Criminal History Check)