

IDENTIFICATION AND EMERGENCY INFORMATION

This information is required under the H & S Code and the Regulations of the Department to be maintained on every person Admitted to a community care facility, to be readily available to the Person in charge, but not accessible to unauthorized persons. All Information must be kept current. See other side for additional Information required for residential facilities for children.

A. ALL FACILITIES (EXCEPT CHILD CARE FACILITIES; COMPLETE LIC 700)

1. NAME OF CLIENT OR CHILD		SOCIAL SECURITY NUMBER (OPTIONAL)	DATE OF BIRTH	AGE	SEX
2. RESPONSIBLE PERSON OR PLACEMENT AGENCY		ADDRESS		TELEPHONE	
3. NAME OF NEAREST RELATIVE (OPTIONAL)	RELATIONSHIP	ADDRESS		TELEPHONE	
4. DATE ADMITTED TO FACILITY	ADDRESS PRIOR TO ADMISSION				
5. DATE LEFT	FORWARDING ADDRESS				
6. REASONS FOR LEAVING FACILITY					
7. PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, IF ANY					
NAME		ADDRESS		TELEPHONE	
8. OTHER PERSONS TO BE NOTIFIED IN EMERGENCY					
NAME		ADDRESS		TELEPHONE	
a. PHYSICIAN					
b. MENTAL HEALTH PROVIDER, IF ANY					
c. DENTIST					
d. RELATIVE(S)					
e. FRIEND(S)					
9. EMERGENCY HOSPITALIZATION PLAN					
NAME OF HOSPITAL TO BE TAKEN IN AN EMERGENCY			ADDRESS OF HOSPITAL TO BE TAKEN IN AN EMERGENCY		
MEDICAL PLAN			MEDICAL PLAN IDENTIFICATION NUMBER		
NAME OF DENTAL PLAN (IF ANY)			DENTAL PLAN NUMBER (IF ANY)		
10. OTHER REQUIRED INFORMATION					
a. AMBULATORY STATUS					
b. RELIGIOUS PREFERENCE		NAME AND ADDRESS OF CLERGYMAN OR RELIGIOUS ADVISOR, IF ANY		TELEPHONE	
11. COMMENTS					
SIGNATURE OF RESIDENT		SIGNATURE OF PERSON COMPLETING		TITLE	DATE

B. RESIDENTIAL FACILITIES FOR CHILDREN

(Additional information is required by regulation for residential facilities for children)

2. NAME OF CHILD

3. 2.NAME AND ADDRESS OF PERSON TO CONTACT, IF AUTHORIZED REPRESENTATIVE IS NOT AVAILABLE

SPECIFY RELATIONSHIP

TELEPHONE NUMBER

4. NAME AND ADDRESS OF PARENT(S) IF KNOWN

TELEPHONE NUMBER

4. CHILD'S COURT STATUS (ATTACH CUSTODY ORDERS AND AGREEMENTS WITH PARENT(S) OR PERSON(S) HAVING LEGAL CUSTODY. NOTE: OPTIONAL FOR SMALL FAMILY AND FOSTER FAMILY HOMES)

5. **PERSON(S) WITH WHOM CHILD HAS BEEN LIVING (IF KNOWN)**

NAME AND RELATIONSHIP

ADDRESS

TELEPHONE

6. **VISITATION RESTRICTIONS (BY COURT ORDER OR AUTHORIZED REPRESENTATIVE)**

PERSON(S) NOT AUTHORIZED TO VISIT CHILD

PERSON(S) NOT AUTHORIZED TO VISIT CHILD

NAME

RELATIONSHIP

NAME

RELATIONSHIP

7. **FAMILY RESIDENCE VISITATION RESTRICTIONS**

SPECIFY, IF ANY

8. **ALL PERSONS AUTHORIZED TO REMOVE CHILD FROM HOME**

NAME

RELATIONSHIP

SPECIFY CONDITIONS

9. **TELEPHONE ACCESS**

MAKE AND RECEIVE CONFIDENTIAL CALLS

YES

NO (BY COURT ORDER)

IF NO, SPECIFY RESTRICTIONS

10. COMMENTS