

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

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)



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