



Client Profile

Client Information

First Name _____ Last Name _____ DOB _____

SS# _____ Medicaid # _____ LON _____

Address _____

City _____ State _____ Zip _____

Living Situation : Home Group Home Foster/Companion Care

Primary Contact Information

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Alternate Contact Information

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contacts

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Medical Information

Diagnosis _____

Medical Concerns _____

Primary Care Physician _____

Phone _____ Preferred Hospital _____

Current Medications _____

Please list all medication(s) to be administered by Mary's House staff:

1) Medication _____

Dose _____ Time(s) Given _____

2) Medication _____

Dose _____ Time(s) Given _____

Mary's House Client / Caregiver Agreement

- 1) Mary's House is not responsible for lost, misplaced, stolen, or damaged personal items.

- 2) Should an illness or emergency occur at Mary's House, parent/guardian will be contacted immediately.

- 3) In case of a natural disaster, Mary's House will follow the recommended guidelines furnished to us by the local disaster shelters and emergency support teams.

- 4) I understand and agree that Mary's House reserves the right to refuse services if the client becomes a threat to the safety and/or health of himself/herself or others.

- 5) Parent/Guardian is responsible for notifying Mary's House when client will be absent from services for an extended period of time, or when there is a change in the amount of time and/or services provided by Mary's House.

_____	_____	_____
Client Name (print)	Signature	Date
_____	_____	_____
Guardian Name	Signature	Date
_____	_____	_____
Director	Signature	Date