Foundations Alaska (FA) – Client Intake Form

This form is used to gather information necessary to provide person-centered, non-medical support services. Information is kept confidential and used only for service planning, coordination, and compliance purposes.

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1. Client Identifying Information

Client Full Legal Name:
Preferred Name (if different):

Date of Birth:
Age:

Gender:

Social Security Number:
☐ Provided ☐ Declined

Medicaid ID Number (if applicable):
Funding Source:
☐ Medicaid Waiver ☐ Private Pay ☐ Other: _____

Primary Language:
Interpreter Needed? ☐ Yes ☐ No

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2. Contact Information

Street Address:
City:
State:
Zip Code:

Phone Number:
☐ Call ☐ Text

Email Address:

Preferred Method of Contact:
☐ Phone ☐ Text ☐ Email ☐ Mail

3. Emergency Contacts

Primary Emergency Contact
Name:
Relationship to Client:
Phone Number:
Email (optional):

Secondary Emergency Contact (optional)
Name:
Relationship:
Phone Number:

4. Legal / Decision-Making Information

Does the client have a legal guardian?
☐ No ☐ Yes

If yes, Guardian Name:
Guardian Phone Number:

Decision-Making Supports (check all that apply):
☐ Independent
☐ Supported Decision-Making
☐ Power of Attorney
☐ Legal Guardian

5. Living Situation

Current Living Arrangement:
☐ Own home/apartment
☐ Family home
☐ Assisted living
☐ Group home
☐ Transitional / temporary housing
☐ Other: _____

Is housing currently stable?
☐ Yes ☐ No ☐ Unsure

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6. Services Requested from Foundations Alaska

Please indicate services you are interested in receiving (check all that apply):

☐ Day Habilitation
☐ Supported Employment
☐ In-Home Supports
☐ Community Engagement
☐ Life Skills / Independence Building
☐ Housing-Related Supports (non-medical)
☐ Private Pay Services
☐ Other: _____

Referral Source / How did you hear about FA?
☐ Case Manager / Care Coordinator
☐ Family / Friend
☐ Provider
☐ Online
☐ Other: _____

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7. Strengths, Interests & Preferences

Please describe the client's strengths, skills, or things they enjoy or do well:

Interests or hobbies (check all that apply):
☐ Art
☐ Music
☐ Exercise
☐ Outdoors
☐ Cooking
☐ Games
☐ Faith / Spiritual activities
☐ Volunteering
☐ Employment-related skills
☐ Other: _____

Preferences, routines, or environmental considerations FA should be aware of:

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8. Support Needs Overview

Please indicate areas where the client may want or need support:

☐ Daily routines
☐ Community access
☐ Communication
☐ Employment skills
☐ Social skills
☐ Organization / planning
☐ Emotional regulation
☐ Safety awareness
☐ Transportation coordination
☐ Other: _____

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9. Health & Safety Information (Non-Medical)

Are there any health, safety, or support considerations staff should be aware of?
☐ No ☐ Yes

If yes, please describe (non-medical):

Allergies (food, environmental, other):
☐ None ☐ Yes → _____

Mobility considerations:
☐ None
☐ Uses assistive device
☐ Requires physical support

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10. Behavioral Support Information

Are there known triggers or situations that may cause distress or dysregulation?
☐ No ☐ Yes

If yes, please describe:

What strategies or supports are helpful when the client is upset, overwhelmed, or anxious?

Does the client have a Behavior Support Plan?
☐ No ☐ Yes ☐ Unknown

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11. Employment Information

Employment Status:
☐ Currently employed
☐ Not employed
☐ Seeking employment

Employer (if applicable):
Hours worked per week:

Employment goals, interests, or areas of exploration:

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12. Cultural, Spiritual, or Faith Preferences (Optional)

Are there any cultural, spiritual, or faith-based preferences FA should respect when providing services?
☐ No ☐ Yes

If yes, please describe:

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13. Consent & Acknowledgements

Please read and acknowledge the following:

☐ I consent to Foundations Alaska collecting and using this information for service planning and coordination.
☐ I understand services are provided according to FA policies, availability, and authorization.
☐ I acknowledge receipt of information regarding client rights and complaint procedures.

Client / Guardian Printed Name:

Signature:

Date:

FA Staff Completing Intake (if applicable):

Name:

Title:

Date: