Unique Hearts ID#

Unique Hearts, LLC

ADMISSION APPLICATION

ITEMS NEEDED PRIOR TO ADMISSION
Current I.D. Card
Medicaid Card/Medicare Card/Other Insurance Information
Documented Proof of Guardianship, if not own legal guardian
Waiver Provider Choice Form (from Support Coordinator)
Physical and PPD within the last 12 months
Psychological Evaluation, Support Intensity Scale, Fall Risk Assessment
Doctor's orders and scripts for medication (if applicable)
OT/Speech/Behavioral Plan (If Applicable)
Eligibility Letter
List of Medications
Other Corresponding Information on Individual

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CONTACT INFORMATION		
Last:	First:	Middle:
Preferred Name:		
Current Address:		
City:	State:	Zip Code:
Telephone #:		
Date of Birth:		
Gender: _____ Male _____ Female		
Program: ____ Community Engagement		

FAMILY OR LEGAL REPRESENTATIVE TO NOTIFY		
Name:	Relationship:	
Address:		
City:	State:	Zip Code:
Telephone #:		

PLACING AGENCY
Community Service Board / Organization Name:
Support Coordinator / Case Manager Name:
Address:

Revised: 11/23/2023

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City:	State:	Zip Code:
Telephone #:		

MODE OF COMMUNICATION (CHECK ONE)	
Verbal:	Other:
Sign Language/Gesture/Point:	Communication Device:

MODE OF Mobility (CHECK ONE)	
Ambulatory:	Assistive Device:
Wheelchair:	Other:

MEDICAL PROVIDER / PHYSICIAN'S INFORMATION: Primary Care Physician Only		
#1 Physician's Name:		
Address:		
City:	State:	Zip Code:
Telephone #:	Fax #:	

MEDICAL HISTORY	
Medication Allergies:	Food Allergies:
History of Substance Abuse:	Communicable Diseases:

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Significant Medical Problems

Significant Communication Problems

SELECT THE NUMBER OF DAYS INDIVIDUAL WILL ATTEND COMMUNITY ENGAGEMENT:

Check the boxes that apply:

	N/A
SUNDAY	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	