



Project Lifesaver WNY Intake Form



Information about Person with Special Needs

Date: New Update

Last Name

First Name

Initial

Nickname (if any)

Date of Birth:

Age:

Height:

Weight:

Hair Color:

Eye Color:

Diagnosis/Disability:

Identifying Features (scars, moles, etc.):

Identification on Person (ID bracelet, necklace, tags, etc.):

Suggestions for approaching person and de-escalation techniques:

Home Address:

Street:

Apt. #:

Does the individual live alone? Yes No

City:

State:

Zip:

Is this a Family Home Group Home

Applicant/Client Name (cont) _____

Primary Emergency Contact Information:

Contact Person(s): Parent Caregiver Other

Street: Apt. #:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email Address (for administrative use, not for emergency use):

Alternate Emergency Contact Information

Contact Person(s): Parent Caregiver Other

Street: Apt. #:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Behavioral Information:

Does this person tend to wander off? Yes No Sometimes

Favorite attractions/locations where person may be found:

Describe any behaviors or characteristics that may attract attention or endanger this person:

Other information:

Applicant/Client Name (cont) _____

Communication Information

Primary Language:

Secondary Language:

Communication Method if non-verbal/low verbal (picture cards, sign language, written words communication device):

Medical Information

Please indicate the nature of the special need(s) and any medical condition(s) that may apply:

- Alzheimer's Disease Autism/Asperger Syndrome Down Syndrome Developmental Disability Diabetes
 Bipolar Disorder Cerebral Palsy Emotional Disturbance Epilepsy Hearing Impairment Schizophrenia
 Oppositional Defiant Disorder Seizure Disorder Visual Impairment Other (please specify)

Physician Contact #1:

Phone:

Physician Contact #2:

Phone:

Medication(s) and Dosage:

Consequences of NOT taking medications:

Medical, Dietary, Sensory Issues and Requirements:

Medical devices or equipment used:

Any other pertinent information: