

Community TIES

Initial Information Form

This form will take between 30 minutes to an hour to complete. Please avoid writing on the back of the pages and skip over any information you do not know.

Date: _____

Consumer's Name: _____
Last First M.I.

Address: _____

ZIP _____

Telephone #: () - _____

Date of Birth: / / Gender: Male / Female

Ethnicity: Black _____ Hispanic _____ American Indian _____
White _____ Asian or Pacific islander _____

Social Security#: _____ - _____ - _____

M.A.#: _____ - _____ - _____ Dane County ACS#: _____

Funding Eligibility: SSI _____ SSDI _____ MA _____ Other _____

Referral Name: _____

Agency/Relationship: _____

Telephone #: () - _____

Parent / Guardian _____
(if different than referral)

Telephone #: () - _____

Where does this person reside:

Parents home _____ Apartment on own _____ Apartment with roommate _____
Foster Home _____ Adult Family Home _____ Other _____

Caregiver with whom the consumer resides: _____

Telephone #: () - _____

VI. General Health:

A. Comment on overall health as well as any recent changes in sleep patterns or appetite. List the primary physician and psychiatrist if one is involved.

B. List any currently prescribed medications, their dosage and intended purpose.

C. List diagnosis(se) of developmental disabilities and/or mental illness.

VII. Family Situation: Describe any particularly relevant aspect of family circumstances that would be useful to know.

VIII. A. Major Events: Weekday daily routine (e.g. Morning: school or Day Program, Evening: watches TV or community recreation)

Morning

Afternoon

Evening

B. Life Events: List up to 5 significant life events that may have an effect on the consumer. Indicate approximately when they occurred. Include moves, health issues, and major relationship developments and losses.

1. _____
2. _____
3. _____
4. _____
5. _____

IX. Other important information:

X. TIES Staff Notes:

Please return completed form in the enclosed postage paid return envelope, or to the following address:

Community TIES program
Waisman Center – Outreach Programs
122 E. Olin Avenue, Suite 100
Madison, WI 53713