

Sound Response

Waisman Center-Community TIES Initial Information Form

REQUESTED SERVICES FOR:

Name: _____ Date of Referral: _____

Address: _____ Phone: _____

_____ DOB: _____

Social Sec. # _____

M.A. # _____ Dane County ACS # _____

Has this individual received services from Community TIES, Adaptation and
Modification, and/or Crisis Response? Yes No

If so from Who? Date(s): _____

Preferred time of Sound Response services? Now 3-6 months 1 year Other _____

Guardian(s): _____ Phone: _____

Residential Provider: _____ Phone: _____

Residential Case Manager: _____ Contact: _____ Phone: _____

Support Broker: _____ Phone: _____ Contact: _____

Housemate(s): _____

Vocational Provider: _____ Phone: _____

Contact: _____

Type of work this individual does?

Landlord: _____ Phone: _____

Medical/Health:

Diagnosis: _____

Primary Doctor: _____ Clinic: _____ Phone: _____

Psychiatrist: _____ Clinic: _____ Phone: _____

Pharmacy: _____ Phone: _____ On-call #: _____

Medications: (please list time and dose as well)

Can this individual administer his/her own medication? Yes No Other _____

Seizures: Yes No If yes, describe in detail: _____

Allergies: _____

Communication: _____

Can the individual use a phone independently? Yes No

Can the individual push a button to call for help? Yes No

Vision: _____

Mobility: Does this individual use a walker, crutches, wheelchair, or other devices to mobilize? Yes No If yes please explain: _____

Other assistive devices (contacts, glasses, hearing aides, etc.):

Can this individual exit his/her house in an emergency independently? Yes No

Can this individual exit his/her house in an emergency if told so via phone? Yes No

Other medical/health concerns: _____

Sleeping Patterns:

How many hours does the individual sleep during a night: _____

Typical time asleep (weeknight/weekend): _____/_____

Typical time awake (weeknight/weekend): _____/_____

What type of night time support is this individual contracted to receive? (live-in, shift staff, etc. please include weekends) _____

What type of night time support is this individual currently receiving?

How many times does this individual get out of bed?

a night: _____ a week: _____ Typical reason(s): _____

a month: _____ a year: _____

If this individual awakes, what are the best way(s) to intervene?

Does individual get scared or frightened during...

- Rain Snow Thunderstorms
 Lightening Power Outage Other

If yes to any please explain reactions: _____

Does the individual generally sleep the same hours during all seasons? Yes No

If not please explain: _____

Approximately how many times does this client need assistance from a staff during sleep hours each.... Typical reason(s): _____

night _____ week _____

month: _____ year: _____

Approximately how many times has an "on-call" service been used in regards to this individual between the hours of 9p and 7a over the last.....

Week: _____ Month: _____ Typical reason(s): _____

Year: _____

Routines

Amount of staff hours "required" and/or "needed" during the A.M. hours?

Amount of staff "required" and/or needed during the P.M. hours?

Typical weekly schedule/routine

Time	Mon	Tues	Wed	Thur	Fri	Sat	Sun

(Also used for responders to set up visits)

Behavioral Information:

Behavioral "issues"/challenges: _____

Stressors: _____

Best ways to intervene: _____

Can both males and females work with this individual in all situations?

Yes No If no please explain _____

Please explain any other important information someone would need to know when supporting this individual during night time hours. _____

Activities/Interests:

Person Completing Form _____

Relationship to the individual: _____

Date: _____

Signature Page:

Residential Agency/Provider

Signature: _____

Date: _____

Print: _____

Residential Agency/Provider

Signature: _____

Date: _____

Print: _____

Broker

Signature: _____

Date: _____

Print: _____

Guardian

Signature: _____

Date: _____

Print: _____

Other

Signature: _____

Date: _____

Print: _____

County Supervisor approval: Yes No Date: _____

SR Authorized Signature: _____
