

ASSISTANCE IS NEEDED IN WHICH OF THE FOLLOWING AREAS OF INDEPENDENT LIVING?

	YES	NO	UNCERTAIN
Meal Planning/Cooking	_____	_____	_____
Housekeeping	_____	_____	_____
Personal Care/Grooming	_____	_____	_____
Laundry/Clothing Care	_____	_____	_____
Management of Personal Finances	_____	_____	_____
Transportation/Community Mobility	_____	_____	_____
Medication Administration/Health	_____	_____	_____
Socialization/Leisure Time	_____	_____	_____
Referred to Additional Services	_____	_____	_____

Explain briefly any that are marked “Yes” or “Uncertain”

The following information is necessary prior to finalizing admission to our program. These reports should be included with this application, if available.

	Reports Enclosed	
	Yes	No
A. Medical report including physical exam done within past year	_____	_____
B. TB test done within past year (residential programs only)	_____	_____
C. Dental report with exam done within past year (residential programs only)	_____	_____
D. Most recent psychological and/or psychiatric report	_____	_____
E. Social history	_____	_____
F. Reports from other agencies/programs	_____	_____
G. Proof of legal guardianship (if applicable)	_____	_____
H. Copy of birth certificate/Social Security card	_____	_____
I. Photo ID (optional)	_____	_____

EDUCATIONAL BACKGROUND:

Schools Attended: _____

What are the goals you have set for yourself for the future?:

Is there anything not covered on this application form that you think is important for us to know?

Please return to: Attn: Kate Simonson
 Horizons Unlimited
 P.O. Box 567
 Emmetsburg, IA 50536

Telephone: (712) 852-2211 ext 603
 FAX: (712) 852-4800
 E-mail: KateSimonson@horizons-unlimited.net

Social History

Prepared By:

Date:

Case Manager Concurrence:

Information Sources:

IDENTIFYING DATA

<u>Name:</u>	<u>Date of Birth:</u>
<u>Gender:</u>	<u>Place of Birth:</u>
<u>Co. of Legal Settlement:</u>	<u>Ethnic Origin:</u>
<u>Soc. Sec. Number:</u>	<u>Marital Status:</u>
<u>Address:</u>	<u>Date Entered Program:</u>

FAMILY INFORMATION

RELATIONSHIP	NAME	LIVING / DECEASED	INVOLVEMENT

Family History -

Describe in narrative style the relationships the individual has with family members, significant others and other support systems:

Behavioral History -

Describe in narrative style typical behaviors for the individual. Include any unusual or deviant behaviors:

Social History
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Mental History -
Diagnosis:

Axis I:

Axis II:

Axis IV:

Axis V:

Onset of Disability:

Hospitalizations:

Family History of Mental Illness:

Medical History -
Diagnosis:

Allergies:

Prosthesis (Glasses, Dentures, Aids, Limbs):

Special Diet Needs:

Physical Disabilities:

Summary of Medical Condition:

Social History

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Substance Abuse History -

Describe in narrative style any past or present problems with substance abuse. (If there is none, state "none".):

Abuse History -

Describe in narrative style the domestic violence, sexual, physical or emotional abuse suffered by the individual. (If there is none for a specific area, make that statement.):

Sexuality History -

Describe in narrative style any past or present issues concerning sexual deviancy or sexual behaviors that create areas of concern for a service provider:

Cultural History -

Describe in narrative style any relevant culture factors. This includes ethnic, religious and socioeconomic background:

Developmental History -

Describe in narrative style any relevant childhood developmental problems:

Psychosocial History -

Describe in narrative style any relevant information regarding the following areas: academic history, military service, competitive employment, volunteer work, etc.:

Social History

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Legal History -

Describe in narrative style all involvement with the legal system. This includes guardianship, conservatorship, payee, arrests, convictions, lawsuits, involuntary commitments, etc. Reference any court documents and where they are located :

Environmental / Recreations / Social History -

Describe hobbies and favorite leisure activities. Include the individual's level of involvement in these activities:

Past Living History -

Describe in narrative style any or all past living arrangements:

Service History -

List each service received in chronological order. Include vocational, mental health and residential. Use beginning and end dates. Include whether or not the service was successful:

Comments -

Include recommendations for future services: