

This information is required under the H & S Code and the regulations of the Department to be maintained on every person admitted to a community care facility, to be readily available to the person in charge, but not accessible to unauthorized persons. All information must be kept current. See other side for additional information required for residential facilities for children.

IDENTIFICATION AND EMERGENCY INFORMATION

A. ALL FACILITIES					[EXCEPT CHILD CARE CENTER/FAMILY CHILD CARE HOME COMPLETES LIC 700]				
1. NAME OF CLIENT OR CHILD			SOCIAL SECURITY NUMBER (OPTIONAL)		DATE OF BIRTH		AGE	SEX	
2. RESPONSIBLE PERSON OR PLACEMENT AGENCY			ADDRESS				TELEPHONE		
3. NAME OF NEAREST RELATIVE (OPTIONAL)		RELATIONSHIP	ADDRESS				TELEPHONE		
4. DATE ADMITTED TO FACILITY			ADDRESS PRIOR TO ADMISSION						
5. DATE LEFT			FORWARDING ADDRESS						
6. REASONS FOR LEAVING FACILITY									

7. PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, IF ANY		
NAME	ADDRESS	TELEPHONE

8. OTHER PERSONS TO BE NOTIFIED IN EMERGENCY		
NAME	ADDRESS	TELEPHONE
a. PHYSICIAN		
b. MENTAL HEALTH PROVIDER, IF ANY		
c. DENTIST		
d. RELATIVE(S)		
e. FRIEND(S)		

9. EMERGENCY HOSPITALIZATION PLAN	
NAME OF HOSPITAL TO BE TAKEN IN AN EMERGENCY	ADDRESS OF HOSPITAL TO BE TAKEN IN EMERGENCY
MEDICAL PLAN	MEDICAL PLAN IDENTIFICATION NUMBER
NAME OF DENTAL PLAN (IF ANY)	DENTAL PLAN NUMBER (IF ANY)

10. OTHER REQUIRED INFORMATION		
a. AMBULATORY STATUS		
b. RELIGIOUS PREFERENCE	NAME AND ADDRESS OF CLERGYMAN OR RELIGIOUS ADVISOR, IF ANY	TELEPHONE
11. COMMENTS		

SIGNATURE OF RESIDENT	SIGNATURE OF PERSON COMPLETING FORM	TITLE	DATE
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B. RESIDENTIAL FACILITIES FOR CHILDREN

(Additional information is required by regulation for residential facilities for children.)

1. NAME OF CHILD

2. NAME & ADDRESS OF PERSON TO CONTACT IF AUTHORIZED REPRESENTATIVE IS NOT AVAILABLE	SPECIFY RELATIONSHIP	TELEPHONE
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3. NAME AND ADDRESS OF PARENT(S)/DOMESTIC PARTNER(S) IF KNOWN	TELEPHONE
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4. CHILD'S COURT STATUS (ATTACH CUSTODY ORDERS AND AGREEMENTS WITH PARENT(S), DOMESTIC PARTNER(S) OR PERSON(S) HAVING LEGAL CUSTODY. **NOTE:** OPTIONAL FOR SMALL FAMILY AND FOSTER HOMES)

5. PERSON(S) WITH WHOM THE CHILD HAS BEEN LIVING (IF KNOWN)

NAME AND RELATIONSHIP	ADDRESS	TELEPHONE

6. VISITATION RESTRICTIONS (BY COURT ORDER OR AUTHORIZED REPRESENTATIVE)

PERSON(S) NOT AUTHORIZED TO VISIT CHILD		PERSON(S) NOT AUTHORIZED TO VISIT CHILD	
NAME	RELATIONSHIP	NAME	RELATIONSHIP

7. FAMILY RESIDENCE VISITATION RESTRICTIONS

SPECIFY IF ANY

8. ALL PERSON(S) AUTHORIZED TO REMOVE CHILD FROM HOME

NAME	RELATIONSHIP	SPECIFY CONDITIONS

9. TELEPHONE ACCESS

IF NO, SPECIFY RESTRICTIONS:

MAKE AND RECEIVE CONFIDENTIAL CALLS

YES No (BY COURT ORDER)

COMMENTS: