

# Tranquil Coves Referral & Intake Form

## Applicant Information

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Living Situation: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Referral Source

Social Worker/Case Manager: \_\_\_\_\_

Agency/Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Financial Information

Source of Income: \_\_\_\_\_

Monthly Income Amount: \_\_\_\_\_

## Screening Questions

Able to live in a drug and alcohol free environment? ☐ Yes ☐ No

Willing to follow house rules and maintain a respectful living environment? ☐ Yes ☐ No

Able to manage medications independently? ☐ Yes ☐ No

Requires assistance with activities of daily living ☐ Yes ☐ No

Any safety concerns or behaviors that may affect a shared

living environment? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

### **Medical Information**

Primary Care Physician: \_\_\_\_\_

Upcoming Follow-Up Appointment(s): \_\_\_\_\_

Home Health Agency: \_\_\_\_\_

Home Health Phone Number: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

DME/Equipment Used: \_\_\_\_\_

### **Move-In Information**

Preferred Move-In Date: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### **Consent for Referral and Assessment**

☐ I authorize the referring agency/facility and Tranquil Coves to exchange information necessary to determine eligibility for housing placement and supportive services.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Representative Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_