

# SMILES LIKE YOURS Client Screening Form

This form is to be filled out prior to admission to SMILES LIKE YOURS, at first contact with the client or their authorized representative.

**DATE OF INITIALCONTACT:** \_\_\_\_\_

<b>Service Applying for (Day Support, Community Engagement, Community Coaching):</b>	
APPLICANT NAME:	Birth Date: <span style="float: right;">Age:</span>
GENDER:	Phone Number
ADDRESS:	TIMEFRAME OF SERVICE NEEDED:
FUNDING SOURCE and TIER LEVEL 1,2,3, OR 4:	OTHER SERVICES UTILIZING/REFERRED/WAIT LISTED:
DISPOSITION of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.	REASON FOR SERVICE REQUEST/Support needed
Does the individual display physical aggression towards others?  Yes      NO	Does the individual use the restroom with minimal assistance?  Yes      NO

<b>Authorized Representative</b>	
NAME:	PHONE:
ADDRESS:	RELATIONSHIP TO INDIVIDUAL:
Emergency Contact Name (If different from Authorized agent):	Phone:
Address:	

ADDITIONAL INFORMATION:

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE: Proceed with Admission   YES    NO    Hold

**Smiles Like Yours**  
**Screening and Admission Packet**

Need for Services

Diagnoses: \_\_\_\_\_

Behavioral Functioning:  
\_\_\_\_\_  
\_\_\_\_\_

Current Supports being utilized:  
\_\_\_\_\_  
\_\_\_\_\_

What are the support needs for this individual?  
\_\_\_\_\_  
\_\_\_\_\_

History of Occupational or Physical Therapy:  
\_\_\_\_\_  
\_\_\_\_\_

History of Psychiatric Hospitalizations:  
\_\_\_\_\_  
\_\_\_\_\_

Strengths/ interests of the applicant:  
\_\_\_\_\_  
\_\_\_\_\_

Current Physician: _____	Phone: (____) __
Address: _____	Fax: (____) __
Current Dentist: _____	Phone: (____) __
Address: _____	Fax: (____) __
Current Psychiatrist: _____	Phone: (____) __
Address: _____	Fax: (____) __
Current Therapist: _____	Phone: (____) __
Address: _____	Fax: (____) __

**Smiles Like Yours**  
**Screening and Admission Packet**  
**Medical Information**

Recent physical complaints of the applicant:

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Handicaps and/or restrictions on activities, including difficulties with communication:

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Food, drug, and other allergies:

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Significant illnesses and chronic conditions of the applicant:

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Current and past communicable diseases:

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Hospitalizations:

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Sexual health and reproductive history:

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Significant illness and chronic conditions of the applicant's family or other significant others:

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History of Drug Abuse:

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Medications:

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Dislikes, Pet peeves, Quirks:

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Environmental Preference:

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**Screening and Admission Packet**

Educational/Vocational History

Last grade completed by applicant: \_\_\_\_\_ Date of completion: \_\_\_\_\_

Type: Regular Classroom \_\_\_\_\_ LD \_\_\_\_\_ ED \_\_\_\_\_ Homebound \_\_\_\_\_

School: \_\_\_\_\_

Vocational Training: \_\_\_\_\_

Employment History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer work participated in by applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quarterly Dates: \_\_\_\_\_

Service Plan Start and End Dates: \_\_\_\_\_

Legal Issues

Current or past legal charges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other legal considerations that apply:

Legally Authorized Representative: \_\_\_\_\_

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**Screening and Admission Packet**

**Financial Status**

Average earned monthly income: \_\_\_\_\_

Sources of income:

\_\_\_\_\_

\_\_\_\_\_

Other entitlements:

\_\_\_\_\_

**Family Status**

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Siblings name and age:

\_\_\_\_\_

\_\_\_\_\_

Name of other involved family or friends:

\_\_\_\_\_

\_\_\_\_\_

Please attach copies of the following:

- ID Card
- DD/Waiver
- SS Card
- Secondary Insurance
- Current Psychological
- Social Media Release form
- Release of Information
- Current Person-Centered Plan (ISP)
- Treatment Plan
- SIS Report

Please email all applications fully completed to [Admin@SmilesLikeYours.com](mailto:Admin@SmilesLikeYours.com)