

Ashby Family LEAD & Engagement Services

Intake Form

Date: _____

Customer Name _____

Address: _____

DOB: _____

Customer Phone # _____

Social Security # _____

Customer Service Plan Begin Date: _____

Person Completing Intake: _____

Case Manager: _____

Case Manager Phone Number: _____

Case Manger E-Mail: _____

Customer Emergency Contact: _____

Emergency phone # _____

Covid Vaccination: ☐ Y ☐ N

Gender: ☐ M ☐ F ☐ Other _____

Medications _____

Race/Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
☐ Native American ☐ Pacific Islander ☐ White ☐ Black/African American
☐ Other

Housing Status: ☐ Private Residence ☐ Residential Care/ Group Home
☐ Other: _____

History of Dangerous Behavior: _____

How many hours a week would you like our services? _____

What are some activities this client will enjoy? _____

Strengths/ Needs: _____

Personal Needs: _____

Signature:

Customer / Caregiver

Date: _____

Case Worker Signature

Date: _____

AFLES Staff Signature

Date: _____