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**Day Hab Application**

**1520 Navo Rd #C5**

**Aubrey, Texas 76227**

**(Phone) 469-481-6091**

**(Fax) 940-440-1301**

**Email: Innovativesteps@yahoo.com**

# PERSONAL INFORMATION

# Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LON:

Diagnosis:

Local Case #

**AVAILABILTY**

What date can you start?\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What category do you prefer? **[ ]** Full time **[ ]**  Part time

**Background**

## Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behaviors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Likes/Dislikes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toileting Assistance? Yes or NO

Specialized Therapies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCS/Txhml/Private Pay:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

LAR/Caregiver Telephone # Address