



Integration. Self-Empowerment. Choices.
ADMISSIONS AGREEMENT

This admission agreement is being entered between LiNk and _____ for admission into LiNk Community Adult Day Program/PIP/TDS/Transportation.

The program admission date for _____ will be on **TBA**, these services will be funded by the assigned Regional Center (SGPRC/IRC/FDLRC/ELARC/OTHER) at the agreed rate set upon between the regional center and LiNk. If for any reason, the regional center is unable to pay for the services, services will end on the day the authorization expires.

LiNk agrees to provide the following services/training in the areas of, but not limited to: vocational skills, social/leisure skills, community skills (awareness, Safety, etc.), Public Transportation, Employment Preparation and any other areas agreed upon by the program and the participant.

In the event that _____ presents an immediate danger to the health and welfare of other clients, program staff, or self, client may be immediately terminated without notice. In the event that _____ and/or the referring regional center makes the decision to terminate services, an oral notice, followed by written confirmation will be provided to LiNk no less than 30 days prior to termination.

If LiNk makes the determination that the program can no longer serve the needs of _____ and no immediate health and welfare danger exists the agency will give, _____ their authorized representative, and the Reginal Center a thirty (30) day notice to terminate services. Unless 5-day notice is needed due to a health and safety concerns or LiNk is unable to meet the needs of the client.

In signing this document, we indicate that this agreement has been read, understood, and is entered voluntarily, and that there are no objections to the placement. In addition, _____ as well as the Reginal Center and the authorized representative understands that _____ shall have the right to remain in the program and accept or reject the services offered. This also authorizes exchange of information between the assigned Regional Center authorized representative and LiNk.

Client Signature

Date

Parent/Care Provider Signature

Date

LiNk Representative

Date



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CLIENT GRIEVANCE PROCEDURES EXPLANATION FORM

Client: _____

Date: _____

In the event that there's a complaint by the client or the authorized representative the first step is to notify LiNk.

- Client, Family Member, Conservator, and/or Care Provider are to report any issues with services to LiNk's management team immediately.
- LiNk will notify the Regional Center of the grievance within one business day, and make an effort to resolve the complaint within our agency.
- If the client or authorized representative or parent is still unsatisfied, a meeting will be scheduled with the Regional Center. This meeting should be scheduled within three business days.
- Following this meeting the results will be reported to the Regional Center.
- Under no circumstances shall there be any form of retaliation brought upon any client or authorized representative in response to any complaint or grievance filed.
- Staff, clients and authorized representatives shall receive copies of these complaint procedures. A signed copy of this procedure shall be maintained in each client's record. Copies of this procedure shall be posted

How were the rights explained to the client?

- Verbally
- Visually
- Signing

What questions or comments did the client make?

How did the client respond?

- Verbally
- Non-verbally
- No Noticeable Response

How would you rate the level of understanding of the client?

- High
- Low
- Unable to Determine.

LiNk Representative: _____ **Date:** _____

Client/Guardian: _____ **Date:** _____



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EMERGENCY MEDICAL TREATMENT CONSENT FORM

Client: _____

Date: _____

In the event of a client sustains a serious injury or other life-threatening condition while at the program, LiNk’s personnel will call 911 immediately. Following the 911 call staff will attempt to contact the following emergency contact people:

Name	Phone Number	Relationship

I (parent/care provider/client), _____ in agreement with _____ do hereby authorize the personnel of LiNk, to act as agents for the undersigned to consent to any medical treatment, first aid or hospital care, or for furnishing prescribed medication deemed advisable or administered by a licensed physician in the event of an emergency.

LiNk’s officers, instructors, staff, or agents shall not be held liable for any first aid or surgical treatment or procedures performed by a medical license professional.

Medical Insurance Provider _____

Policy Number

Client Signature/ Authorized Representative

Date

LiNk Representative

Date

Witness

Date



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Photo/Video Consent

I hereby give my consent to the staff and consultants of LiNk to photograph,

_____ (Name of person being photographed)

Please indicate your consent:

Photo to be used for client file only.

Photo may be used for layout or educational purposes (e.g., LiNk, publications, audiovisual presentations, informational and educational displays, flyers/brochures, etc.).

.....

I, _____, understand that permission shall remain in effect until canceled by the undersigned:

Parent/Guardian Signature: _____

Date: _____

Participant: _____

LiNk Representative: _____ **Date:** _____



Medical Requirements

- Current physical
- TB test
- Immunization records

These records must be provided to LiNk before services initiate.



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TRANSPORTATION SERVICES RELEASE FORM

Parents, Consumers, or Conservators only may authorize delivery of the Client to his or her residence without a responsible adult present.

Note: This is **not** an option for residential service providers.

PLEASE INDICATE YOUR PREFERENCE FOR **ONE** OF THE FOLLOWING OPTIONS AND SIGN AT THE BOTTOM OF THIS FORM:

[A] I, _____, (client/parent) give permission to LiNk for (client's name) _____ to be dropped off at his/her/my place of residence or program without being received by an adult and without an adult present.

[B] I, _____, request that (client's name) _____ be delivered to his/her/my place of residence or program only when an adult is present to receive the client.

Signature/Conservator/Client: _____ **Date:** _____

LiNk Representative: _____ **Date:** _____

Original: Client File
cc: Parent/Conservator/Client



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INTAKE PACKET

PERSONAL INFORMATION:

Client: _____ Date: _____

Tentative Start Date: _____ Preferred Language: _____

Other means of communication: _____ Preferred Staff: F__M__

Home Address: _____

Address Apt. City/State Zip

Lives with Parent/Family Adult Residential Facility Other /

Conservator: _____

Contact Person: _____ Relationship to consumer: _____

Home Phone: _____ Cell Phone: _____ Work: _____

E-Mail: _____

Medi-Cal/Medi-Care#: _____

Emergency Contact Name: _____ Emergency Number: _____

Referring Agency: SGPRC or Private _____

Service Coordinator: _____ Phone: _____ E-mail: _____

MEDICAL DIAGNOSIS/HISTORY:

Health Concerns if any: _____

Allergies: Yes No / if yes, what are you allergic to? _____

Eyes color: _____ Hair Color: _____

Dietary Needs: Regular Low-Fat Low Salt Low Sugar Other _____

Seizures: Yes No / if yes, how often? _____

Last Recorded Seizure: _____

Adaptive Devices: Yes No / if yes, what type?

Current Medication:

Medication	Dosage	Reasons/ Side Effects

Primary Physician: _____

Address _____

Phone: _____

Dentist: _____

Address: _____

Phone: _____

Pharmacy: _____

Address: _____

Phone: _____

QUESTIONNAIRE

1. Are you currently receiving other services? Yes No

a. If yes, which one and what is your typical schedule with them?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

2. Method of communication?

a. Verbally Sign Language Gestures Picture Cards Devices Other

3. What are some activities at home you like to do to help?

4. What are your less preferred activities at home or with family?

5. What do you like to do for fun? _____

6. Do you know how to use money without any help? _____

7. Do you know how to use an ATM/Credit Card? _____

8. Do you have any social media accounts? _____

9. Do you know how to use public transportation (buses, access, metro, taxis, uber, lyft, etc)?

10. Do you drive? _____

11. Do you have a current DL? _____

12. Do you have a state ID? _____

13. Do you have access services? _____

14. How do you get around? _____

15. Would you like to have a job? _____

16. Tell me about your work experiences? _____

17. When was the last time you had a job? _____ -

18. Why are you not working at this time? _____

19. Tell me about your work history? _____

20. Can you work outdoors and indoors? _____

21. Any places or locations you do **not** want to work at?

22. What type of job would you like to have?

23. Do you feel comfortable working around many people?

24. Have you ever been interviewed for a job? _____

25. Do you feel like you need support from a job coach to complete or maintain your job?

26. Would you like to have a PT or FT job? _____

27. What is your availability to work? _____

28. Have you ever been part of a volunteer work program?

29. Would you be open to do volunteer work? _____

30. How would you get to work? _____

31. What skills do you possess to become employed?

32. Have you currently applied for any jobs? _____

33. Do you currently have an open case with DOR? _____

34. In your own opinion would you be able to pass a background check and drug test?

35. Do you have any physical limitations that will prevent you from any physical work? _____

36. Do you consider yourself a punctual responsible person? _____

37. Please provide jobs you had in the last two years:

_____	_____
_____	_____
_____	_____

38. Are you currently attending school/college?

39. Any educational goals? _____

40. Did you graduate from HS? _____

41. What type of support (if any) you feel you need to meet your educational goals? _____

42. Can you operate a computer? _____

43. Do you know how to entry data, create documents or type?

44. Do you know how to navigate the internet? _____

45. Are you able to read? _____

46. Are you able to write? _____

47. Can you tell time? _____

48. Are you bilingual? _____

49. In what areas can LiNk help you the most?

a. Daily Life Skills Education Socialization Skills Money Management

b. Vocational Training Employment Prep Mobility Safety Awareness

c. Other

Proposed Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours

Intake completed by: _____

Date: _____

Client's Signature:

Date:

Parent/Care Provider's Signature:

Date:

LiNk Rep. Signature:

Date:
