Indianhead ENTERPRISES INC

1426 Indianhead Drive, Menomonie, WI 54751
Phone: (715) 232-6460 | Fax: (715) 232-6463
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CLIENT APPLICATION FORM

Client Information

Client Name: _____ Date of Birth: _____

Social Security #: _____ MA #: _____

Client Address: _____ Phone: _____

_____ Residential Contact: _____

Email Address (optional): _____

Guardian Information

Guardian Name: _____ Phone (home): _____

Guardian Address: _____ Phone (work): _____

_____ Phone (cell/other): _____

Relationship to Client: _____

Email Address (optional): _____

Next of Kin

Name: _____ Phone (home): _____

Address: _____ Phone (work): _____

_____ Phone (cell/other): _____

Relationship to Client: _____

Program Interest

- ☐ Situational Assessment
- ☐ Work Adjustment
- ☐ School-to-Work
- ☐ Vocational Rehabilitation

Funding Agency Information

Referral Agent or Social Worker: _____

Funding Agency or Client Services: _____

Address: _____ Phone (home): _____

_____ Phone (work): _____

Emergency Information

Person to Contact in Case of Emergency:

Name: _____ Phone (home): _____

Address: _____ Phone (work): _____

_____ Phone (cell/other): _____

Relationship to Client: _____

Second Emergency Contact:

Name: _____ Phone (home): _____

Address: _____ Phone (work): _____

_____ Phone (cell/other): _____

Relationship to Client: _____

Medical History

Applicant will need a current physical that has been completed within the past year. Include a copy of the most recent physical. This is **required** prior to admission to Indianhead. Also complete the **Medication Profile** which is attached.

Primary Disability: _____

Secondary and/or Other Disabling Factors: _____

_____

Current Health Problems or Concerns: _____

_____

Work Restrictions: _____

_____

Behavioral Concerns: _____

_____

Seizures: ☐ Yes ☐ No If yes, what type: _____

Will the Client need assistance with medication while at Indianhead Enterprises? ☐ Yes ☐ No