



1426 Indianhead Drive, Menomonie, WI 54751  
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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.

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