

# IDENTIFICATION AND EMERGENCY INFORMATION

*This information is required under the H & S Code and the regulations of the Department to be maintained on every person admitted to a community care facility, to be readily available to the person in charge, but not accessible to unauthorized persons. All information must be kept current. See other side for additional information required for residential facilities for children.*

<b>A. ALL FACILITIES</b>					<b>[EXCEPT CHILD CARE CENTER/FAMILY CHILD CARE HOME COMPLETES LIC 700]</b>					
1. NAME OF CLIENT OR CHILD			SOCIAL SECURITY NUMBER (OPTIONAL)		DATE OF BIRTH		AGE	SEX		
2. RESPONSIBLE PERSON OR PLACEMENT AGENCY			ADDRESS				TELEPHONE ( )			
3. NAME OF NEAREST RELATIVE (OPTIONAL)		RELATIONSHIP	ADDRESS			TELEPHONE ( )				
4. DATE ADMITTED TO FACILITY		ADDRESS PRIOR TO ADMISSION								
5. DATE LEFT		FORWARDING ADDRESS								
6. REASONS FOR LEAVING FACILITY										
7. <b>PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, IF ANY</b>										
<b>NAME</b>			<b>ADDRESS</b>				<b>TELEPHONE</b>			
							( )			
							( )			
							( )			
8. <b>OTHER PERSONS TO BE NOTIFIED IN EMERGENCY</b>										
<b>NAME</b>			<b>ADDRESS</b>				<b>TELEPHONE</b>			
a. PHYSICIAN							( )			
b. MENTAL HEALTH PROVIDER, IF ANY							( )			
c. DENTIST							( )			
d. RELATIVE(S)							( )			
e. FRIEND(S)							( )			
9. <b>EMERGENCY HOSPITALIZATION PLAN</b>										
NAME OF HOSPITAL TO BE TAKEN IN AN EMERGENCY					ADDRESS OF HOSPITAL TO BE TAKEN IN AN EMERGENCY					
MEDICAL PLAN					MEDICAL PLAN IDENTIFICATION NUMBER					
NAME OF DENTAL PLAN (IF ANY)					DENTAL PLAN NUMBER (IF ANY)					
10. <b>OTHER REQUIRED INFORMATION</b>										
a. AMBULATORY STATUS										
b. RELIGIOUS PREFERENCE		NAME AND ADDRESS OF CLERGYMAN OR RELIGIOUS ADVISOR, IF ANY					TELEPHONE ( )			
11. COMMENTS										
SIGNATURE OF RESIDENT			SIGNATURE OF PERSON COMPLETING FORM			TITLE		DATE		

**B. RESIDENTIAL FACILITIES FOR CHILDREN**

*(Additional information is required by regulation for residential facilities for children.)*

1. NAME OF CHILD

2. NAME AND ADDRESS OF PERSON TO CONTACT, IF AUTHORIZED REPRESENTATIVE IS NOT AVAILABLE	SPECIFY RELATIONSHIP	TELEPHONE NUMBER ( )
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3. NAME AND ADDRESS OF PARENT(S), DOMESTIC PARTNER(S), IF KNOWN	TELEPHONE NUMBER ( )
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4. CHILD'S COURT STATUS (ATTACH CUSTODY ORDERS AND AGREEMENTS WITH PARENT(S), DOMESTIC PARTNER(S) OR PERSON(S) HAVING LEGAL CUSTODY. NOTE: OPTIONAL FOR SMALL FAMILY AND FOSTER FAMILY HOMES)

5. **PERSON(S) WITH WHOM CHILD HAS BEEN LIVING (IF KNOWN)**

NAME AND RELATIONSHIP	ADDRESS	TELEPHONE
		( )
		( )
		( )

6. **VISITATION RESTRICTIONS (BY COURT ORDER OR AUTHORIZED REPRESENTATIVE)**

PERSON(S) NOT AUTHORIZED TO VISIT CHILD		PERSON(S) NOT AUTHORIZED TO VISIT CHILD	
NAME	RELATIONSHIP	NAME	RELATIONSHIP

7. **FAMILY RESIDENCE VISITATION RESTRICTIONS**

SPECIFY, IF ANY

8. **ALL PERSONS AUTHORIZED TO REMOVE CHILD FROM HOME**

NAME	RELATIONSHIP	SPECIFY CONDITIONS

9. **TELEPHONE ACCESS**

MAKE AND RECEIVE CONFIDENTIAL CALLS <input type="checkbox"/> YES <input type="checkbox"/> NO (BY COURT ORDER)	IF NO, SPECIFY RESTRICTIONS

10. COMMENTS