

Jewel Human Services, Inc.

Celebrating the Spirit of Life
121-10 153rd Street
Jamaica New York 11434
Telephone Number (347) 741 8495
Fax Number: (347) 494 4150

Intake Date: _____ Telephone #: _____

Name of Person Requiring Services: _____

Date of Birth: _____ Sex: _____

Social Security Number: _____ Medicaid #: _____

Address: _____

Emergency Contact:

Name: _____ Telephone: _____

Name of Referring Person or Agency: _____

Address: _____

Individual Making Referral: _____

TELEPHONE #: _____

Communication: Verbal: _____ None Verbal: _____

Language Spoke: _____

Likes: _____

Dislikes: _____

Jewel Human Services, Inc.

Celebrating the Spirit of Life
121-10 153rd Street
Jamaica New York 11434
Telephone Number (347) 741 8495
Fax Number: (347) 494 4150

What type of Services are Needed:

Check all that apply

Residential (Group Home) _____

In-Home Residential Habilitation _____

Medicaid Service Coordination _____

Family Support Services _____

Transportation _____

Recreation _____

Day Habilitation _____

Is the applicant receiving Medicaid? Yes [] No []

If no, please provide type of coverage. _____

Is the applicant receiving Social Security Benefit? Yes [] No []

If yes, please provide the amount. _____

Is the applicant currently in a Day Program or Workshop? Yes [] No []

If yes, Name of Program: _____

Address: _____

Telephone number: _____

Is applicant residing at home with family member? Yes [] No []

Jewel Human Services, Inc.

Celebrating the Spirit of Life
121-10 153rd Street
Jamaica New York 11434
Telephone Number (347) 741 8495
Fax Number: (347) 494 4150

If yes, please identify all members living within the Home of the applicant:

NAME	DATE OF BIRTH	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please identify any secondary disabilities:

Blind _____ Visually Impaired _____ Deaf _____

Hearing Impaired _____ Psychiatric _____

Physically Disabled (Please Specify) _____

Has applicant ever been hospitalized for psychiatric reasons? Yes [] No []

If yes date(s): _____

List primary care physician's name: _____

Jewel Human Services, Inc.

Celebrating the Spirit of Life
121-10 153rd Street
Jamaica New York 11434
Telephone Number (347) 741 8495
Fax Number: (347) 494 4150

Address: _____

Please check YES or NO if you have the following documents: Dates

Psychological Evaluation	Yes	No
Psychosocial Evaluation	Yes	No
Birth Certificate	Yes	No
Social Security Card	Yes	No
Annual Physical	Yes	No
Psychiatric Evaluations	Yes	No
SSI or SSA Benefits	Yes	No
Other Evaluations (i.e. Neurological, OT.PT. etc.)	Yes	No

Do you have a Service Coordinator or Case Manager? Yes [] No []
If yes, please give name, number, and Agency Affiliation.

Are you affiliated with any other Social Service Agency? Yes [] No []
If yes please provide the name and address of the agency.

Abilities: _____
