Home Care Founders

FREE SAMPLE FORM

Client Intake Form

This is the first form most new clients fill out with your agency. It is one of the 29 forms in the Home Care Agency Starter Bundle, and it is yours to use.

HOW TO MAKE IT YOURS

1. Open the Word version and replace everything highlighted in yellow, like [AGENCY NAME], with your own details.
2. Check your state's rules for any extra information your state wants collected at intake.
3. Print it or use it as a fillable file. Keep completed forms in a locked file or secure system.

Want the other 28 forms?

The Starter Bundle includes assessments, plans of care, timesheets, incident reports, hiring and training forms, job descriptions, plus a 44-policy Policy & Procedure Manual and a state-by-state guide. All editable Word files.

See everything at homecarefounders.com

Templates are for education only and are not legal advice. Licensed for use by one agency.

Client Intake Form

[AGENCY NAME] · [OFFICE PHONE]

REFERRAL INFORMATION

Date of Referral	**Taken By**
Referral Source	**Referral Contact & Phone**

CLIENT INFORMATION

Client Full Name	**Date of Birth**
Address	**City / State / ZIP**
Phone	**Email**
Primary Language	**Lives Alone?** ☐ Yes ☐ No

EMERGENCY CONTACT / REPRESENTATIVE

Name	**Relationship**
Phone	**Legal Representative?** ☐ Yes ☐ No

PAYER

☐ Medicaid / Waiver ☐ Private Pay ☐ Long-Term Care Insurance

☐ Veterans Program ☐ Other:

Member / Policy ID	**Authorization # / Hours**

SERVICES REQUESTED

☐ Bathing ☐ Dressing / Grooming ☐ Toileting

☐ Transfers / Mobility ☐ Meal Preparation ☐ Light Housekeeping

☐ Laundry ☐ Errands / Shopping ☐ Companionship

☐ Medication Reminders ☐ Respite ☐ Other:

Days / Hours Requested	**Requested Start Date**

INTAKE DECISION

☐ Accepted, assessment scheduled for: _____ ☐ Not accepted, reason / referred to: _____

_____ _____

Intake Staff Signature Date