SHINE TRUE BRIGHT CARE LLC

Client Intake Packet

Client and contact information

Complete this packet when our team invites you to start intake.
On your phone, open the packet in a PDF app and save a copy when finished.
Call us for secure return instructions before sending the completed packet.
Enter N/A where an item does not apply. Leave unknown details blank.

Client details

Client full legal name

Preferred name and pronouns (optional)

Date of birth

Street address

City, state and ZIP code

Primary contact or legal representative

Full name

Relationship or legal role

Phone

Email

Preferred contact method and best time

Alternate contact name, relationship and phone (optional)

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Services and coordination

Requested services (check all that apply)

- [ ] Day habilitation
- [ ] Respite care
- [ ] Unsure or need help

Preferred days, times and service location

Requested start date

New services or provider switch?

Current provider and transition details (if applicable)

Waiver and care coordination

Waiver program or status and approved hours, if known

Care coordinator name and agency

Care coordinator phone or email

What would you like to accomplish through services?

Preferred caregiver, if any (name and relationship to the client)

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Daily support and preferences

Tell us what helps you or your loved one feel comfortable and supported.
Share the practical details our team should know when planning services.

Communication preferences, language, interpreter or devices

Daily routines and help at home, including personal care, meals or mobility

Interests, favorite activities and community goals

Sensory needs, signs of distress and what helps

Transportation, accessibility and pickup or drop-off needs

Other preferences or support needs

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Emergency contacts and service readiness

Emergency and safety information

Emergency contact name and relationship

Best phone number

Backup emergency contact name, relationship and phone

Safety needs, allergies or medical alerts relevant to services

Warning signs and what staff should do in an emergency

Existing safety or emergency plan our team should review

Call us before sending medication lists, medical records or signed care plans.

Agency use only

- [ ] Support plan reviewed
- [ ] Authorization verified
- [ ] Applicable consents collected
- [ ] Safety needs reviewed

Staff reviewer

Review date

Confirmed start date or next step