

**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.*

<b>A. ALL FACILITIES</b>					<b>(EXCEPT CHILD CARE FACILITIES; COMPLETE 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										
<b>7. PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, IF ANY</b>										
NAME			ADDRESS				TELEPHONE			
<b>8. OTHER PERSONS TO BE NOTIFIED IN EMERGENCY</b>										
NAME			ADDRESS				TELEPHONE			
a. PHYSICIAN							Phone: Fax:			
b. MENTAL HEALTH PROVIDER, IF ANY										
c. DENTIST										
d. RELATIVE(S)										
e. FRIEND(S)										
<b>9. EMERGENCY HOSPITALIZATION PLAN</b>										
NAME OF HOSPITAL TO BE TAKEN IN AN EMERGENCY					ADDRESS OF HOSPITAL TO BE TAKEN IN AN EMERGENCY					
PRIMARY INSURANCE MEDICAL PLAN <b>No.</b>					SECONDARY INSURANCE MEDICAL PLAN <b>No.</b>					
NAME OF DENTAL PLAN (IF ANY)					DENTAL PLAN NUMBER (IF ANY)					
<b>10. OTHER REQUIRED INFORMATION</b>										
a. AMBULATORY STATUS			Mortuary:				Phone Number:			
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		