



What's in the Intake Packet

Greetings,

Thank you for considering Opportunity Networks to be a provider of services to you or your family member. To better serve our participants, we ask that you fill out **ALL** forms in this packet to the best of your ability. State regulations require that we keep this information on file at all times. If you need assistance filling out any of the information, or if you have other questions, please don't hesitate to contact Alex Rainey at 883-4402. You will also find our Holiday Schedule and a Welcome Pamphlet with important information you will want to have at hand.

Participant Intake Checklist - Please review your files and make copies of any of the applicable items on this list for our records.

Application for Services - Fill out all of the blanks to the best of your ability.

Authorizations

Release of Information – We often collaborate with outside contractors for nursing and therapeutic services. This gives us permission to share information. It is important to include the residential company or respite worker on the “Other” line if you have residential or respite services.

Medical Administration – Staff are trained and certified to administer medication during day program hours when needed. We must have a doctor's order for **EVERY** medication in order to administer it, even over-the-counter medications like Tylenol or Neosporin.

Authorization to receive therapy – This gives permission to engage in therapeutic activities with the participant.

Medical Release Form - In the event of an emergency, we will call 9-1-1. This form gives us permission to obtain emergency medical treatment in the emergency room if we are unable to reach a guardian.

Consent Form - This is a **ONE TIME** consent for participation in activities. You also must approve attending field trips or public events, going swimming, having their picture taken, using pictures or interacting on social media, using their image for publicity or marketing materials.

Client Rights and HIPAA - We have a strict policy for protecting client rights. We are also bound by law to protect the privacy of health information.

Notification of Client Rights - Indicates you were informed of client rights policies.

BDS Health History – This form is required by state regulation. It **MUST** be filled out for services to be provided.

Welcome pamphlet – This reviews some of the day to day procedures of Opportunity Networks.

Holiday schedule – Please be aware, the holiday schedule is not the same each year. Please request an updated schedule in late June if you have not yet received one.

I-9 & W-4 - Many of our participants are seeking employment. Some training may take place before permanent placement and wages would be paid through Opportunity Networks. **BOTH** of these forms **MUST** be completed before we are able to pay wages.

Self Declaration Income Report - This information is required when applying for federal grants.

Health Questionnaire - This is important information, particularly for people with health concerns.

Physical Form - Per state regulations, we require documentation of a physical exam every year.

Orientation and Training of Staff - Indicates you understand our training requirements.