

HOUSE CALLS, LLCTM

AN INDIVIDUALIZED APPROACH TO LIFE DECISIONS

Intake Form and Service Contract

The purpose of this intake form is to prepare for the initial HOUSE CALLS consultation and save time during the session.

*If you would rather complete the intake form on the phone with one of our team members, you have the option to be interviewed (over the phone). However, a fee may be incurred depending on the length of the interview session. Please let us know if you would rather complete the intake form in this manner.

"We like to save people time and money on the initial consult visit. House Calls provides a full review of the comprehensive information on this intake form as a courtesy. Often we can propose a plan before a House Calls team member gets to your appointment."

-House Calls, LLC

Please complete and return the form before the scheduled appointment using one of the following options:

Email: callingonbeth@verizon.net

Mail: House Calls, LLC c/o Olney Post Office, Post Office 776, Olney, MD 20830

Fax: 301-774-9711

Today's Date: _____

How did you hear about House Calls? _____

INFORMATION ABOUT THE PERSON NEEDING ASSISTANCE (THE "CLIENT")

Name of Client: _____

Client's Age: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Best days for an initial consult:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 AM PM Anytime Requested Time: _____

NOTE: If you are not the client, it is better to meet with you alone the first time if he/she are resistant.
Where would the client be most comfortable meeting?

Place	Check	Comment
Restaurant	<input type="checkbox"/>	
Coffee shop	<input type="checkbox"/>	
Library	<input type="checkbox"/>	
Relative's Home *	<input type="checkbox"/>	
Client's Home *	<input type="checkbox"/>	
School	<input type="checkbox"/>	
Work	<input type="checkbox"/>	

WHY DID YOU CONTACT HOUSE CALLS?

CLIENT'S NEEDS: Check all that may apply

Life Transition Categories (note: some Life Transition and Coordination of Services areas may overlap)	Check	Comment
1. Accommodations	<input type="checkbox"/>	
2. Vocational	<input type="checkbox"/>	
3. Educational	<input type="checkbox"/>	
4. Recreational	<input type="checkbox"/>	
5. Recovery Coach	<input type="checkbox"/>	
6. Counseling	<input type="checkbox"/>	
7. DeClutter/Organization	<input type="checkbox"/>	
8. Business/Client Relationships	<input type="checkbox"/>	
9. Exposure Therapy	<input type="checkbox"/>	
10. Elderly Issues	<input type="checkbox"/>	
11. Risk Assessment	<input type="checkbox"/>	
12. Housing Referrals	<input type="checkbox"/>	
13. Social Security	<input type="checkbox"/>	
14. Medicaid	<input type="checkbox"/>	
15. Community Resources	<input type="checkbox"/>	
16. Homecare	<input type="checkbox"/>	
17. Case Management	<input type="checkbox"/>	
18. Advocacy	<input type="checkbox"/>	
19. Family Issues	<input type="checkbox"/>	
20. Doctor Referrals	<input type="checkbox"/>	
21. Discharge Needs	<input type="checkbox"/>	
22. Other	<input type="checkbox"/>	

Elaborate on expectations and what has been done in the past that did not work:

PERSON CONTACTING HOUSE CALLS, LLC (“REFERRING PARTY”)

Name: _____

Relationship to Client: _____

Referring Party Home Number: _____ Cell Number: _____

Preferred number to reach you: Home Phone Cell Phone

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Are you the Authorized Representative to speak on behalf of client?

Yes No Explain: _____

Power of Attorney Medical: Yes No Financial: Yes No

Trustee Yes No

Legal Representative Yes No

Guardian Yes No

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR BILL:

Is Client or Referring Party responsible for paying House Calls invoices for services to Client?

Yes No _____ Client Responsible

Yes No _____ Referring Party Responsible

If No,

Name of person who will be paying the bill ("Payee"): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Electronic Signature: _____

I agree to all terms of this document.

THIS PORTION OF THE INTAKE IS OPTIONAL AND PROVIDES FOR ADDITIONAL INFORMATION ABOUT CLIENT THAT WILL ASSIST HOUSE CALLS IN ITS EVALUATION OF CLIENT'S NEEDS. IF YOU WISH TO SKIP THIS SECTION, SCROLL DOWN TO THE END OF THIS FORM FOR SIGNATURE

CLIENT'S FAMILY INFORMATION

Mother: _____

Father: _____

Sister(s): _____

Brother(s): _____

Spouse (marital status): _____

Children: _____

Who does client live with : _____

Relevant Information About Family Dynamics:

Who is Client's Support System?

Financial: _____

Emotional: _____

Both: _____

Strengths of Client:

Limitations of Client:

Client's Weekly Recreational Routine:

RELEVANT MEDICAL INFORMATION

MEDICAL DOCTOR

Doctor's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Number: _____ Cell Number: _____

PSYCHIATRIST

Name of Psychiatrist: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Office Number: _____ Cell Number: _____

SOCIAL WORKER OR PSYCHOLOGIST

Name of Social Worker or Psychologist: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Office Number: _____ Cell Number: _____

List all medications:

RECENT HOSPITALIZATION

Hospitalization (if applicable):

Name of hospital(s):

Dates hospitalized:

What behavior necessitated hospitalization?

What has been done in the past in an attempt to help with this issue?

Additional Information:

Memorandum of Agreement

The fee for an initial consultation is \$175 per hour plus a \$25 travel fee (not to exceed 30 minutes roundtrip) and \$37.50 per 15 minute segment after the first hour.

NOTE: Additional fees apply if you are requesting the Owner, BETH ALBANEZE, CTRS CPRP (\$200 per hour plus travel fee \$25 if within Montgomery County).

Travel exceeding the Montgomery County radius will be based on current IRS rates per mile.

Payment is due immediately after the consultation session unless otherwise negotiated with House Calls, LLC in advance. *House Calls takes payments through Paypal.

Any phone calls, emails, referrals, and/or advocacy work after the initial consultation, will be billed at an hourly rate (same as above). We will give you advance notice if this is necessary.

A Terms of Agreement form will be completed by House Calls and remitted to the person paying the bill for signature before services are rendered.

The action plan for services agreed will be emailed to select member(s) of the House Calls team working with this client and one client representative (if not the client).

Additional fees may apply if House Calls is asked to create multiple action plans, perform any other service and/or discuss the action plan with more than one client representative.

I _____ (Name of Person paying bill) agree to pay House Calls, LLC immediately for all services rendered. If I negotiate to be billed monthly, I understand that payment is expected 15 days after receipt of invoice by check or credit card through the paypal button on House Calls, LLC homepage. A late fee of \$50 per month will be incurred until payment is paid in full.

I also understand that any court costs, collections, administrative work or other related expenses incurred in attempting to collect fees will be the responsibility of the party responsible for paying the bill.

Permission is given to House LLC to communicate with other parties relevant to the client's rehabilitation goals and objectives. At all times confidentiality will be respected unless there is

imminent harm, bodily injury or abuse which requires our team to seek help. We are not a crisis service and defer to family or community resources to take action.

Client, referring party and payee (if different from client or referring party) understand that House Calls LLC does not guarantee any specific results for Client. House Calls, LLC operates as an interdisciplinary team and the client is expected to be involved in his/her progress at all times.

Put an x in the box and initial _____

I agree to the terms in this document.

I hereby agree to be bound by this agreement and am aware that this electronic signature is enforceable as if it were handwritten. This verifies that I give my written consent to bill me for any of the above related expenditures including legal fees, court costs and collection expenses involved for breach of contract.

ELECTRONIC SIGNATURE _____

This signature is binding as if handwritten.

Date: _____

Electronic or handwritten signature is equally enforceable and indicates you agree with the terms of this agreement.

-----**FOR OFFICE USE:**-----

Received House Calls Representative: _____ Date _____