HOUSE CALLS, LLC™

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@gmail.com

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	☐	
Coffee shop	☐	
Library	☐	
Relative's Home *	☐	
Client's Home *	☐	
School	☐	
Work	☐	

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	☐	
2. Advocacy	☐	
3. Business/Client Relationships	☐	
4. Case Management	☐	
5. Community Resources	☐	
6. Counseling	☐	
7. Online Counseling/Skype	☐	
8. DeClutter/Organization	☐	
9. Discharge Needs	☐	
10. Doctor Referrals	☐	
11. Elderly Issues	☐	
12. Educational	☐	
13. Exposure Therapy	☐	
14. Family Issues	☐	
15. Homecare	☐	
16. Housing Referrals	☐	
17. Medicaid	☐	
18. Recreational	☐	
19. Recovery Coach	☐	
20. Risk Assessment	☐	
21. Social Security	☐	
22. Vocational	☐	
23. Other	☐	

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.
☐ Agree

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).
☐ Agree

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

Payment is due immediately after the consultation session unless otherwise negotiated with House Calls, LLC in advance. *House Calls takes payments through Paypal. **Cancellation with less than 24 hours notice requires payment of the full fee since the specialist will have reserved their time (that includes no-show).
☐ Agree

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.
☐ Agree

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.
☐ Agree

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).
☐ Agree

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.
☐ Agree

Agreement to Pay Bill:

I 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.

☐ Agree

Name of Person Paying Bill:

Permission Given to House Calls, LLC:

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.

☐ Agree

Email Privacy Statement:

For Your Information: In general, email communications are not secure. Please check here for your informed consent to communicate through these channels. If you do not check this, we will assume you will print this Intake (or download the pdf Intake Form to bring with you).

☐ Agree

I am aware of the risks associated with sending House Calls emails or other channels.

☐ Agree

Please type your electronic signature to give your consent for email correspondence.

I hereby agree to be bound by this agreement and am aware that if you choose an 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.

☐ Agree

SIGNATURE _____

Date: _____

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

Received House Calls Representative: _____ Date _____