

Heather Manes
Program Manager
Tel:(510)814-9422
Fax:(510)814-1974
hmanes@hatch4help.org

H.A.T.C.H. *
1010 Versailles Ave. Alameda, CA 94501

Phyllis Kaplan, Ph.D.
Director
Tel:(415)641-9176
pkaplan@hatch4help.org

Client Application

Type of service requested: In Home Day Program
(please check service(s)) Respite
 Socialization

Client's Name _____ D.O.B. _____ Male/Female

Type of Disability _____

Etiology _____

Address _____ Client's Phone _____

City _____ Zip _____

Parent/Guardian _____ Home Phone _____

Address _____ Work Phone _____

City _____ Zip _____

Email Address _____ Cell Phone _____

Is client enrolled in other programs? If yes:

School or Program _____ Phone _____

Address _____ Zip _____

Director _____ Instructor _____

Days and times in Program _____

Referring Case Manager _____ Referring Agency _____

Address _____ Phone _____

Date of Referral _____ Anticipated Authorization Date _____

Specific days & hours H.A.T.C.H. services requested _____

Number of hours you plan to request per month _____

(30 hour per month minimum requirement)



***Help Another Toward Creative Happiness**

Physical and Medical Information

(Please include medical information which H.A.T.C.H. staff should be aware of).

Doctor's Name _____ Phone _____

Hearing _____

Vision _____ Wears glasses? _____

Speech _____

Seizures _____ Medication _____

Allergies _____ Medication _____

Food to avoid _____

Other _____

Self Help Skills

Please indicate limitations in the following areas:

Toileting _____

Feeding _____

Mobility _____

(Does the client use braces, wheelchair, etc.)

Other limitations _____

Other Important Information

Include information on behavioral, social and emotional areas: _____

Are there any unsafe and/or unpredictable behaviors that needs to be addressed prior to identifying appropriate staff for client? _____

In case of emergency call:

1st: Name _____ Phone _____

Relationship to client _____

2nd: Name _____ Phone _____

Relationship to client _____

GOAL AREAS

Please list goals according to priority of need:

Please include other pertinent information that would be helpful to the H.A.T.C.H. staff such as the client's leisure time activities and interests:

Suggestions for successful family contact:

Names and ages of siblings living with client:

Suggested worker qualifications or if you would like to refer a potential employee, their name and phone number:

For further information and guidance, the H.A.T.C.H. staff would contact (teacher/supervisor, etc.):

Name _____ Phone _____

Address _____

PLEASE SUBMIT A COPY OF THE CURRENT I.P.P., A.R., H.C.C. and I.E.P.

Thank you for completing the client application in full. The above information allows us a base to work from in order to provide appropriate H.A.T.C.H. programming.

Signature of referring CM or Parent Guardian