

Hello, Happy . . .

Honesty is our policy at all times regardless of the circumstances.

Please email completed form to intake@etl.org or fax completed form to 918-513-5109.

Emergency

Urgent

Non-Emergency

Case Manager Information

Case manager:

City/Area:

Phone:

Email:

Individual Information

Individual's Name:

POC Expiration Date:

DOB:

ID#:

Address:

City, ST Zip:

Phone:

Email:

House manager:

Cell:

Service Provider Information

Agency:

Contact Person:

Phone:

Title:

Email:

Vocational Agency:

Contact Person:

Phone:

Title:

Email:

Family/Guardian Information

Name:

Parent Legal Guardian Other ()

Phone:

Cell Phone:

Work Phone:

Email:

Relative:

Relationship:

Phone:

Cell Phone:

Work Phone:

Email:

Advocate:

Phone:

Cell Phone:

Work Phone:

Email:

Issues/Concerns

- | | | |
|---|---|--|
| <input type="checkbox"/> Verbal aggression | <input type="checkbox"/> Physical aggression toward others | <input type="checkbox"/> Physical aggression toward self |
| <input type="checkbox"/> Property destruction | <input type="checkbox"/> PRN medication for the sole purpose of managing non-therapeutic behavior | |
| <input type="checkbox"/> Police involvement | <input type="checkbox"/> Threats or attempts of suicide | <input type="checkbox"/> Use of physical intervention |
| <input type="checkbox"/> Walking away from home/work/etc. | <input type="checkbox"/> Unplanned psychiatric hospital admission | |
| <input type="checkbox"/> Other: | | |

Thank you for giving us the opportunity to serve!

We do business based on having a bottom line, deadline, follow-through and trust through verification. (BDFT)

Choose to believe in the best possibilities.

The best is yet to come!