



SERVICE APPLICATION

4818 Old National Highway -College Park, Georgia 30337
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5305 Snapfinger Woods Drive-Decatur, Georgia 30035
Telephone: 770-987-8301 Fax: 770-987-8807

WEB ADDRESS: www.demburepch.com

EMAIL: dpchllc@aol.com

Application Date: _____	Date of Admission: _____
Name: _____	D.O.B.: _____
S.S.#: _____	Medicaid #: _____
Address: _____ _____	Telephone #: _____
Provider Agency: _____	Telephone #: _____
Coordinator Name: _____	Telephone #: _____
Legal Guardian/Representative: _____	
Relationship: _____	
Address: _____	Telephone #: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Ambulatory: _____ Yes _____ No Adaptive Equipment: _____

Attendant Care (Feeding, Toileting, etc.,) _____ Yes _____ No

If yes, please explain: _____

Current Medications: _____

Allergies: _____

Special Diet: _____

Medical Precautions: (List, if any): _____

Transportation Needed: _____ Yes _____ No

Payment Arrangements: Private Pay: _____ Medicaid Waiver Funding: _____

SERVICES BEING APPLIED FOR		
_____ DAY HAB ONLY	_____ RESIDENTIAL ONLY	_____ BOTH

INDIVIDUAL EVALUATION – Page 2

Individual's Likes: _____

Individual's Dislikes: _____

Individual's Daily Routine: _____

Are there any behavior issues? _____ Yes _____ No
Current Behavior Plan? _____ Yes _____ No
Crisis & Safety Plan? _____ Yes _____ No

If yes, please explain: _____

Please submit all of the following information in order to ensure quality services:

- | | |
|--|---|
| _____ Current Medical (Physical/TB/Dental) | _____ Psychological Assessment |
| _____ Diabetic Protocol | _____ Social Assessment |
| _____ Hypertension Protocol | _____ Behavior Support Plan (If Applicable) |
| _____ Seizure Protocol | _____ Individual Service Plan (ISP) |
| _____ Other Medical or Emergency Protocols | _____ Copy of Current MAR |
| _____ Crisis & Safety Plan | _____ DMA-7 |

FOR OFFICE USE ONLY

- | | |
|---|---|
| _____ PA-Prior Authorization for Services | _____ Contract for Services (Private Pay) |
| _____ *(MRWP Waiver Participants ONLY) | _____ ISP CURRENT |
| _____ Date of Planning and Intake Meeting | _____ Other |