## **Lake Country Cottage**

First Name	MI	Last		
DOB	SSN			
Address				-
City		State	Zip	
Phone ()	_ Cell ()	E-mail		-
Occasionally, cottage member	rs & staff will reach or	ut to members for sp	pecial events or if they haven't seen	ı you in
a while. I would like to be co	ntacted in the following	ng ways (please initi	al):	
By staff: Phone	Cell	Text	E-mail	
By member: Phone	Cell	Text	E-mail	
MEDICAL INFORM	ATION:			
Mental Health Diagnosis				
Medical History (high blood p	pressure, diabetes, asth	nma, etc.)		
Allergies and Dietary Restrict	ions			
Medical Alerts (circle all that	apply) Chronic Ph	nysical Illness	Severe Allergic Reactions	
Deaf/Hearing Impairment	Asthma New Psyc	chiatric Medication	Blind/Visual Impairment	
Recent Surgery Diabete	es Epilepsy/Se	eizure Disorder	Hypertension	
Other				
Please list any medications yo	u are taking and their	purpose (in case of	emergency)	
When you are experiencing m	ental health symptom	s, what helps?		
What does NOT help?				

<b>MEDICAL</b>	<b>CONTACTS:</b>					
Primary Care D	Ooctor	Clinic				
City		Phone				
EMERGEN	NCY CONTACTS:					
Primary Contac	et					
Address						
City		State Zip				
Phone ()	Cell ()	E-mail				
RESIDENT	TIAL STATUS (Circle C	One)				
Private Residen	nce – Independent Living	Private Residence – I	Dependent Living			
Foster Care/Fos	e/Foster Home Residential Care					
Homeless/Shelt	ter	Nursing Facility	Nursing Facility			
Other						
<b>Housing Status</b>	s: (circle one)					
Housed	At risk of homelessness	Chronically Homeless	Homeless			
EMPOYMI	ENT INFORMATION:					
Are you current	tly employed?YesNo					
If so, is it suppo	ortive employment (ex. Tin Ceili	ing/Salvage Depot)?YesN	10			
Are you satisfie	ed with your position?Yes _	No				
Are you satisfie	ed with your hours?Yes]	No				
Are you satisfie	ed with your pay?YesNo	0				
If you are curre	ently unemployed, do you have a	ny interest in going back to work?	YYesNo			

Date

Member Signature



515 Bridge Street East Park Rapids, MN 56470 218 366-9229 phone 218 237-2520 fax

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## I further acknowledge that:

- 1) I am at least 18 years of age and am competent to execute this agreement;
- 2) I have read, understand and agree with the terms of this release; and
- 3) I have executed this release voluntarily.

Name:	Date:	
Signature:		
Witness:		