

**2770 Cleveland Avenue North**

**Roseville, MN 55113**

**651-636-3343**

**NORTHEAST CONTEMPORARY SERVICES, INC. (NCSI)**

**INTEREST INDICATOR**

Thank you for your interest in NCSI! We are licensed to provide **Day Support (formerly Day Training & Habilitation)**, **Employment Development**, and **Employment Support** services.

Within Day Support, we have both an Adult and a Senior program; our **Adult** program is focused on **essential** life skills, while our **Senior** program is focused on **personally-enriching** life skills.

Today’s Date: Click or tap to enter a date.

Please tell us how you heard about NCSI:

Click or tap here to enter text.

Consumer Information

Full Name: Click or tap here to enter text.

Residential Address: Click or tap here to enter text.

City: Click or tap here to enter text. County: Click or tap here to enter text. Zip-Code: Click or tap here to enter text.

Daytime Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

Desired Service/s (check all that apply):

[ ]  Day Support:

[ ]  Adult **or**

[ ]  Senior

[ ]  Employment Development

[ ]  Employment Support

Desired Attendance Days (check all that apply):

[ ]  Mondays [ ]  Tuesdays [ ]  Wednesdays [ ]  Thursdays [ ]  Fridays

**[Note: Effective 7/12/21 NCSI’s program hours, not including transportation time, are 9:30am to 3:00pm.]**

Desired Mode of Transportation to/from NCSI:

[ ]  NCSI’s Transportation Service (if this box is checked, your residential address will be mapped to determine whether or not it is within NCSI’s Transportation Service radius)

[ ]  Metro Mobility

[ ]  Other (please specify): Click or tap here to enter text.

County of Financial Responsibility: Click or tap here to enter text.

Funding Source (check all that apply):

[ ]  Brain Injury (BI) Waiver

[ ]  Community Access for Disability Inclusion (CADI) Waiver

[ ]  Community Alternative Care (CAC) Waiver

[ ]  Developmental Disabilities (DD) Waiver

[ ]  Consumer Directed Community Supports (CDCS)

[ ]  Children and Community Social Services Act (CCSA)

[ ]  Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD)

Primary Diagnosis Code (if known):

Click or tap here to enter text.

Have you been fully-vaccinated against COVID-19? (this question is optional and your response will be kept confidential)

[ ]  Yes

[ ]  No

[ ]  Choose Not to Answer

Can you tolerate wearing a face mask for up to 90 minutes at a time? (Currently, face masks are required while utilizing NCSI’s Transportation Service and Metro Mobility)

[ ]  Yes

[ ]  No

**Your answers to the following questions will help NCSI make an initial determination about whether we can effectively meet your support wants and needs; we may request documents at a later time, including your CSP, CSSP, IEP, IAPP, RAP, physical examination, psychological evaluation, etc.).**

I utilize a (check all that apply):

[ ]  Cane

[ ]  Scooter

[ ]  Walker

[ ]  Wheelchair

[ ]  Other: Click or tap here to enter text.

[ ]  None of these

Which statement best describes your support wants and needs related to **mobility/ambulating**:

[ ]  Able to ambulate independently/with little supervision.

[ ]  Require minimal staff assistance (i.e., cues, 1-person transfers, stand-by assistance with stairs).

[ ]  Require complete staff assistance (i.e., pushing wheelchair, 2-person transfers, stand-by assistance at all times when ambulating).

Additional information regarding **mobility/ambulating**:

Click or tap here to enter text.

I would need medication and/or treatment while on-site:

[ ]  Yes

[ ]  No

If yes, which statement best describes your support wants and needs related to **medication and/or treatment**:

[ ]  Require medication set-up.

[ ]  Require medication administration.

[ ]  Require medication assistance for self-administration of medication.

[ ]  Other (i.e., blood sugar monitoring, blood pressure monitoring): Click or tap here to enter text.

Additional information regarding **medication and/or treatment**:

Click or tap here to enter text.

Which statement best describes your support wants and needs related to **personal hygiene**:

[ ]  Able to care for self independently/with limited supervision.

[ ]  Require minimal staff assistance (i.e., cues, adjusting clothing, help wiping, 1-person transfers).

[ ]  Require complete staff assistance (i.e., changing briefs, 2-person transfers, total care, total monitoring).

Additional information regarding **personal hygiene**:

Click or tap here to enter text.

Which statement best describes your support wants and needs related to **eating**:

[ ]  Able to eat independently/with limited supervision.

[ ]  Require minimal staff assistance (i.e., cues, set-up, clean-up, cutting/blending/thickening food).

[ ]  Require complete staff assistance (i.e., total feeding, hand-over-hand guidance, total monitoring).

Additional information regarding **eating**:

Click or tap here to enter text.

Which statement best describes your support want and needs related to **your personal safety and the safety of others to avoid accident, incident or injury**:

[ ]  Able to self-manage symptoms or behavior; require limited supervision.

[ ]  Require minimal staff assistance (i.e., cues, positive support strategies/techniques).

[ ]  Require complete staff assistance (i.e., elopement prevention, prevention of self-injurious behavior, total monitoring, ongoing intervention).

Additional information regarding **your personal safety and the safety of others**:

Click or tap here to enter text.

Parent/Guardian Information

Full Name: Click or tap here to enter text.

Daytime Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Legal Representative Information

Full Name: Click or tap here to enter text.

Daytime Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Social Worker/Case Manager Information

Full Name: Click or tap here to enter text.

Daytime Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Residential Service Provider (if applicable) Information

Full Name: Click or tap here to enter text.

Daytime Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

**PLEASE RETURN THIS COMPLETED FORM BY U.S. MAIL, FAX OR EMAIL TO:**

Jennifer Freeburg, Executive Director

Northeast Contemporary Services, Inc. (NCSI)

2770 Cleveland Avenue North

Roseville, MN 55113

Fax: 651-636-3416

Email: jennifer.freeburg@ncsidaysupports.org