

# Hill Resources, Inc.

1850 E. Lowden St. Abilene, TX 79601  
(325) 673-3346 ph/ (325) 673-3310 fax

## Preliminary Questionnaire for Services

Date: \_\_\_\_\_

Name of Individual Requiring Services: \_\_\_\_\_

Home/ Facility Address: \_\_\_\_\_

Home/ Facility Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Parent or Legally Authorized Representative Contact Name & No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Referring Agency/Company (if applicable): \_\_\_\_\_

Referring Agency Address: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone/Fax No.: \_\_\_\_\_

ICAP Level of Need: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Brief Family History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Activity: \_\_\_\_\_

Controlled/Uncontrolled: \_\_\_\_\_

Significant Behavior Issues: \_\_\_\_\_

Vocational Interest: \_\_\_\_\_

Goals for your loved one: \_\_\_\_\_

Desired services:

- ☐ Residential
- ☐ Day Program
- ☐ In-home Support
- ☐ Supportive Employment
- ☐ Other

*\*Note: All information provided is used for information purposes only and will be kept confidential.*