STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

IDENTIFICATION AND EMERGENCY INFORMATION

This information is required under the H & S Code and the regulations of the Department to be maintained on every person admitted to a community care facility, to be readily available to the person in charge, but not accessible to unauthorized persons. All information must be kept current. See other side for additional information required for residential facilities for children.

A. ALL FACILITIES [EXCEPT CHILD CARE CENTER/FAMILY CHILD CARE HOME COMPLETES LIC 700]

1. NAME OF CLIENT OR CHILD		SOCIAL SECURITY NUMBER (OPTIONAL)	DATE OF BIRTH	AGE	SEX

2. RESPONSIBLE PERSON OR PLACEMENT AGENCY	ADDRESS	TELEPHONE

3. NAME OF NEAREST RELATIVE (OPTIONAL)	RELATIONSHIP	ADDRESS	TELEPHONE
			( )

4. DATE ADMITTED TO FACILITY	ADDRESS PRIOR TO ADMISSION

5. DATE LEFT	FORWARDING ADDRESS

6. REASONS FOR LEAVING FACILITY

7. **PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, IF ANY**

NAME	ADDRESS	TELEPHONE
		( )
		( )
		( )

8. **OTHER PERSONS TO BE NOTIFIED IN EMERGENCY**

NAME	ADDRESS	TELEPHONE
a. PHYSICIAN		( )
b. MENTAL HEALTH PROVIDER, IF ANY		( )
c. DENTIST		( )
d. RELATIVE(S)		( )
e. FRIEND(S)		( )

9. **EMERGENCY HOSPITALIZATION PLAN**

NAME OF HOSPITAL TO BE TAKEN IN AN EMERGENCY	ADDRESS OF HOSPITAL TO BE TAKEN IN AN EMERGENCY
MEDICAL PLAN	MEDICAL PLAN IDENTIFICATION NUMBER
NAME OF DENTAL PLAN (IF ANY)	DENTAL PLAN NUMBER (IF ANY)

10. **OTHER REQUIRED INFORMATION**

a. AMBULATORY STATUS

b. RELIGIOUS PREFERENCE	NAME AND ADDRESS OF CLERGYMAN OR RELIGIOUS ADVISOR, IF ANY	TELEPHONE
		( )

11. COMMENTS

Email for emergency contact:

SIGNATURE OF RESIDENT	SIGNATURE OF PERSON COMPLETING FORM	TITLE	DATE