

**THE GATEWAY TO COMFORTING HANDS, LLC
SUPPORTED LIVING CONSUMER PROFILE**

NAME _____ **DOB** _____ **SEX** _____
First Full Middle Last

ADDRESS _____ **PHONE #** _____
_____ **iCONNECT #** _____

DIRECTIONS TO HOME _____

MEDICARE # _____ **MEDICAID #** _____
SS# _____ **COMPETENCY STATUS** _____

PARTICIPANT IN SUPPORTED LIVING SINCE _____

IF ADJUDICATED INCOMPETENT:

GUARDIAN NAME _____

ADDRESS _____

PHONE # _____

EMERGENCY CONTACT _____ **RELATIONSHIP** _____

ADDRESS _____

PHONE # _____

OTHER FAMILY/FRIENDS/NEIGHBORS WHO HELP WITH PLANNING AND/OR PROVIDE SUPPORT:

_____ Name/relationship	_____ name/relationship	_____ name/relationship
_____ Address	_____ address	_____ address
_____ Phone #	_____ phone #	_____ phone #