

NEW CLIENT SHEET FOR REGIONAL CENTER CLIENTS

FIRST NAME:

\_\_\_\_\_

LAST NAME:

\_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMERGENCY CONTACT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**WORKER INSTRUCTIONS:**

NAME OF WORKER:

\_\_\_\_\_

TEL NO.: \_\_\_\_\_

**WHAT TYPE OF SUPPLY DID YOU NEED?**

- DIAPERS
- PULL UPS
- UNDERPADS
- LINERS
- WASH
- CREAM
- MATTRESS PROTECTOR
- GLOVES
- WIPES
- UNDERGARMENTS
- SWIM DIAPERS

SEND SAMPLES

WT OF CHILD: \_\_\_\_\_

CHANGES PER DAY \_\_\_\_\_

SEND SAMPLES OF:

PULL UPS \_\_\_\_\_

DIAPERS \_\_\_\_\_

OTHER: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1) ASSISTED LIVING FACILITY YES  NO   
-OR- RESIDENTIAL DELIVERY YES  NO

2) IS THERE A PLACE TO PARK A BOX TRUCK?  
YES  NO

3) IF UPPER LEVEL, DOES THE BUILDING HAVE:  
 STAIRS -OR-  ELEVATOR?  1 STORY

4) IS THEIR SPACE TO TAKE MONTHLY ORDER?  
YES  NO

5) PLEASE PROVIDE GATE CODE OR BLDG CODE?  
\_\_\_\_\_ -OR-  N/A

6) IS PORCH DELIVERY OK? YES  NO

7) DOES THE CLIENT HAVE MEDI-CAL? YES  NO

8) WILL YOU BE FUNDING IN THE INTERIM WHILE WE PURSUE MEDI-CAL FUNDING? YES  NO

IF YES TO # 8, PLEASE FILL OUT OUR MEDI-CAL REFERRAL SHEET ACCESSIBLE HERE:

<http://www.diaperfetch.com/customer-care/medi-cal-recipients>.

THANKS FOR REFERRING TO US!!!

**FAX SHEET TO : 408.971.6665**

**OR USE HIPPA SECURE E-MAIL AT:**

<http://securemail.diaperfetch.com/>