

**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](mailto:jennifer.freeburg@ncsidaysupports.org)