

**RESIDENT SUMMARY SHEET**  
 LANE COUNTY DEVELOPMENTAL DISABILITIES  
 ADULT FOSTER HOMES

**PERSONAL IDENTIFICATION INFORMATION:**

Name:	Date of Birth:
Current Address:	Date of entry to Foster home:
SS#:	Previous Provider (if any):
AFS #	SS Claim # (if any)

**FAMILY / GUARDIAN INFORMATION:**

Legal Guardian (if any)	Location of Court / Date of Order:	Relationship
Address	City	Phone
Parent(s) or next of kin		Relationship
Address	City	Phone
Other significant person (if any)		Relationship
Address	City	Phone

**MEDICAL RESOURCES:**

Physician Name:		
Address	City	Phone
Alternate Physician		
Address	City	Phone
Dentist		
Address	City	Phone
Name of Health Care Plan		
Exceptional Needs Care Coordinator (ENCC): Name: _____ Phone: _____ (for use if resident needs general anesthesia for dental work or has need for medical coordination between specialists: ENCC employed by health care insurance plans for liaison work).		

**COMMUNITY RESOURCES:**

Day Program, School, or Employer	Staff Name(s)	
Address	City	Phone
Agency	Staff Name(s)	
Address	City	Phone
Agency	Staff Name(s)	
Address	City	Phone

**AGENCY:**

Agency: Lane County Developmental Disabilities, 125 E. 8 <sup>TH</sup> Ave., Eugene, OR 97401		
Staff Name(s):	Work #: (541) 682-3695	Alt #: (541)
Staff Name(s):	Work #: (541) 682-3695	Alt #: (541)