

QF315	CUSTOMER RELATIONS NEW CUSTOMER INFORMATION
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First Name:		Last Name:	
DOB:			

Address:	

Is customer added to CIMS: YES / NO

Have support needs been added: YES / NO

Risk profile completed: YES / NO

Are all forms saved to customers H/ drive: YES / NO

If you answered **No** to any questions, what assistance is required to complete the above. All must be a **Yes** before new customer can begin services.

Disability if disclosed by customer:

Lifestyle attendant requirements:

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Shift details needs to include what the shift is for & the time of the shift:

Monday	Shift Time Start & End:	

Tuesday	Shift Time Start & End:	

Wednesday	Shift Time Start & End:	

Thursday	Shift Time Start & End:	

Friday	Shift Time Start & End:	

Saturday	Shift Time Start & End:	

Monday	Shift Time Start & End:	

Completed By:

Management: