

# EverPath NC Client Intake Packet



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Welcome to EverPath. This packet contains all necessary forms and documents for a smooth and efficient client intake process. We provide clear, reliable support for individuals with intellectual and developmental disabilities (IDD) and their families.

## Instructions

1. Please complete the initial consultation form, ensuring that all necessary information is provided.
2. Review and complete the supplementary forms that apply to your specific situation\* (i.e. existing estate plan or new setup).
3. Our team will guide you through the remaining steps, ensuring clarity and confidence in your support plan.

## Contact Information

**Full Name:**

**Email:**

**Phone:**

## EverPath Initial Consultation Form

This form is used to document the initial consultation with the client, family, or guardian. It ensures clarity on their needs and the scope of EverPath's support.

**Client's Full Legal Name:**

**Client Contact Information:**

**Guardian / Family Representative:**

**Guardian Contact Information:**

**Date of Consultation:**

## Legal & Financial Setup

This section is used for clients who do not have an established estate plan, guardianship orders, or financial management for the client

Please Check This Box if you already have and established Estate Plan, guardianship orders and a financial management agency, then skip to the next section.

**Planned Legal Firm Involved (if different from our Partnered Agency):**

**Planned Accounting Firm Involved (if different from our Partnered Agency):**

**Date Setup Began or Planned Setup Date:**

**Expected Completion Date (If known):**

### Primary Concerns / Goals Discussed

## Document Review & Verification Form

This form is used to review and verify all existing legal and financial documents, ensuring accuracy and compliance.

### Documents Reviewed

- Estate Plan (Will, Trust, Powers of Attorney)
- Guardianship Orders
- Financial Records (Budget, Trust Statements / ABLE Account)
- Medicaid Waiver Services (ISP, RSNA, SIS, Psychological Evaluation)
- IFDS Related Documents (Consent to communicate with FSA)
- Other:

**Verification Completed By:**

**Expected Finalization Date (if in development):**

Today's Date:

## Service Planning

This section outlines the specific services EverPath can provide.

Please select all areas and supports you are requesting or wish to learn more about

<input type="checkbox"/> Estate Plan – Setup Guidance /Compliance	<input type="checkbox"/> Transportation Resources Guidance
<input type="checkbox"/> Accountancy – Setup Financial Oversight	<input type="checkbox"/> ISP and IDD Waiver Meeting Advocacy
<input type="checkbox"/> Tax Preparation and Filing	<input type="checkbox"/> Home Maintenance Assistance as needed
<input type="checkbox"/> Representative Payee for SSI / SSDI	<input type="checkbox"/> In-Person Quality Visits and Health Check-ins
<input type="checkbox"/> Trustee Services	<input type="checkbox"/> IDD Waiver Compliance
<input type="checkbox"/> Co-Guardianship Services	<input type="checkbox"/> IFDS EOR Management and Compliance Assistance
<input type="checkbox"/> Emergency and / or Crisis Response	<input checked="" type="checkbox"/> Admin and Document Management Fee*
	*Required

### Crisis Response: Indicate all applicable documents

<input type="checkbox"/> Emergency Contact Numbers (Professional, Medical, Personal and Family/Guardian)
<input type="checkbox"/> Formal Behavior Plan (Monitored by a Psychologist)
<input type="checkbox"/> Risk Support Needs Assessment (Alliance)
<input type="checkbox"/> Health Risk Assessment (Vaya)
<input type="checkbox"/> Individualized Intervention Strategies
<input type="checkbox"/> Medical and/or Seizure Protocols
<input type="checkbox"/> Assistive Technology/Medical or Therapeutic Devices

### Scheduled Monitoring Frequency

Weekly

Bi-Weekly

Monthly

Quarterly

Preferred Day(s):

Preferred Time(s):

## EverPath Consent for Release of Information Form

This consent form authorizes EverPath to share or receive Protected Health Information (PHI) and other confidential information related to the individual named below with the specified parties. This consent is provided in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy laws.

### Individual Information

**Client's Full Legal Name:**

**Date of Birth:**

### Information to be Shared

The following categories of information may be shared with the specified parties (select all that apply):

- Medical Records (Diagnosis, Treatment Plans, Medications)
- Psychological or Behavioral Health Information
- Waiver-Related Documentation (ISP, Service Plans, EOR Management)
- Financial Records (Trust Information, Estate Plan Budgets)
- Legal Documents (Guardianship Orders, Trust Agreements)
- Other:**

### Specified Parties

This consent authorizes EverPath to share information with the following parties:

- Partnered accounting firm (e.g., Nelson & Company, P.A.)

**Accounting Firm Name:**

**Contact Information:**

- Partnered legal firm (e.g., Anthony D. Nicholson, Esq.)

**Legal Firm Name:**

**Contact Information:**

- Waiver-related agencies or individuals (MCOs, Care Managers)

**Agency or Individual Name:**

**Contact Information:**

**Other parties (Doctors, Community Connections, Friends, Family)**

**Name / Organization:**

**Relationship:**

**Contact Information:**

**Name / Organization:**

**Relationship:**

**Contact Information:**

**Name / Organization:**

**Relationship:**

**Contact Information:**

**Name / Organization:**

**Relationship:**

**Contact Information:**

**Name / Organization:**

**Relationship:**

**Contact Information:**

**Authorization Period**

This consent is valid for one year from the date of signature unless revoked in writing by the individual or their representative.

**Signature & Acknowledgment**

I, the undersigned, authorize EverPath to share and receive the specified information as indicated above.

**Individual or Representative Signature:**

**Date:**

**Printed Name:**

**Witness Signature (Optional):**

**Date:**

**Consent & Agreement**

By signing this form, you acknowledge and consent to the roles and responsibilities outlined above. This consent remains in effect if EverPath provides services, unless revoked in writing.

**Individual / Guardian / Family / Representative Signature:**

**Date:**

**Printed Name:**

**EverPath Representative Signature:**

**Date:**

Printed Name:

## EverPath Client Intake Timeline

This section provides a clear timeline of the intake process for two different client scenarios. The first scenario is for clients who already have an existing estate plan, guardianship, and representatives. The second scenario is for clients who do not yet have these items in place.

### Clients With an Existing Estate Plan, Guardianship, and Representatives

Step	Task	Estimated Timeframe
1	Initial Consultation	1-2 Days
2	Document Review and Verification	3-5 Days
3	Service Planning and Onboarding	5-7 Days
4	Regular Service Implementation	Ongoing

### Clients Without an Existing Estate Plan, Guardianship, or Representatives

Step	Task	Estimated Timeframe
1	Initial Consultation	1-2 Days
2	Legal and Financial Setup	7-14 Days
3	Service Planning and Onboarding	5-7 Days
4	Finalize Legal and Financial Documents	7-14 Days
5	Regular Service Implementation	Ongoing

## EverPath Client Intake Fee

At EverPath, we are committed to providing clear, transparent pricing for our services. This document provides a complete breakdown of fees for two client scenarios: those with an existing estate plan, guardianship, and representatives, and those who are starting without these items in place.

### Scenario 1: Clients with an Existing Estate Plan, Guardianship, and Representatives

*This option is for clients who already have an established estate plan, guardianship, and representatives.*

#### Initial Setup Fees

- a. Initial Consultation: \$150 (one-time, flat rate)
- b. Document Review and Verification: \$250 (one-time, flat rate)

- c. Service Planning and Onboarding: \$300 (one-time, flat rate)

**Total Initial Setup Fees: \$700 (one-time)**

#### Ongoing Monthly Fees

- d. Regular in-person monitoring, quality checks, and crisis response: \$250 - \$500 / visit

### Scenario 2: Clients Without an Existing Estate Plan, Guardianship, or Representatives

*This option is for clients who **do not** yet have an established estate plan, guardianship, or financial management.*

#### Initial Setup Fees

- a. Initial Consultation: \$150 (one-time, flat rate)
- b. Legal Setup (Handled by our partnered legal firm): \$750 - \$1,500 (one-time, paid directly to the law firm)
- c. Financial Setup (Handled by our partnered accounting firm): \$300 - \$500 (one-time, paid directly to the accounting firm)
- d. Service Planning and Onboarding: \$300 (one-time, flat rate)

**Total Initial Setup Fees (Estimated): \$450 (EverPath)  
+ \$750 - \$1,500 (Legal) + \$300 - \$500 (Accounting)**

#### Ongoing Monthly Fees

- e. Regular in-person monitoring, quality checks, and crisis response: \$250 - \$500 / visit

#### Additional Notes

The ongoing monthly fees in *Scenario 2* depend on the frequency of monitoring visits and support services needed. All legal and financial setup fees for *Scenario 2* are paid directly to the partnered law and accounting firms, ensuring that you receive expert, specialized services.

For any questions about these fees or about the intake process, please contact us at:

[questions@everpath.life](mailto:questions@everpath.life)