2018-2019 Consumer Intake

Date_____ **Intake By**_____

Name_____
Last *Please Print* *First* *Mi*

Address_____
Please Print

_____
City *State* *Zip*

County_____ **Cell Phone#** (____)_____

Telephone Number Home(___)_____ **Work** (___)_____

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Gender ☐ Male ☐ Female **Date of Birth** _____/_____/_____

Female Head of Household (no adult males present in household) □ Yes □ No

Have you ever been a consumer of the Center ☐ Yes ☐ No If yes what year_____

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Emergency Contact Information

Contact Name_____ **Relationship**_____

Phone Number (____) _____

1. Which of the following best describes your race.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White/European, American (Caucasian)
- ☐ Hispanic/Latino only
- ☐ Two or more Races
- ☐ Unknown

1a. What best describes your ethnicity.

- ☐ Hispanic or Latino
- ☐ Non Hispanic

2. What *Category* Best Describes your Disability: *Please check all that apply below*

Cognitive:

- ☐ Intellectual Disability
- ☐ Traumatic and other brain injuries
- ☐ Other Cognitive_____
- ☐ Autism
- ☐ Learning Disability

Physical:

- ☐ Spinal Cord Injury
- ☐ Spina Bifida
- ☐ Neuromuscular
- ☐ Orthopedic
- ☐ Other Congenital Birth Anomaly
- ☐ Cerebral Palsy
- ☐ Epilepsy
- ☐ Muscular Dystrophy
- ☐ Amputation
- ☐ Back Injury
- ☐ HIV/AIDS
- ☐ Environmental
- ☐ Other Physical Disability

Mental:

- ☐ Mental Illness
- ☐ Other Mental Illness
- ☐ Emotional/Behavioral
- ☐ Substance Abuse

Sensory:

- ☐ Blindness
- ☐ Low Vision
- ☐ Hard of Hearing
- ☐ Deaf/Blind
- ☐ Deafness
- ☐ Other Sensory Disability

2a. Do you have multiple disabilities □ Yes □ No
If you check 2 or more disabilities please check yes

3. With regard to employment are you (*just check one*)

- ☐ Full Time
- ☐ Looking for a job
- ☐ Student or in a program

- ☐ Part Time
- ☐ Participating in segregated work or day program setting
- ☐ Unemployed
- ☐ Other employment
- ☐ Retired
- ☐ Unknown

4. What is your highest level of education (*just check one*)

- ☐ Not yet enrolled in school
- ☐ Kindergarten - 8th Grade
- ☐ Completed High School
- ☐ Business Trade or Vocational School
- ☐ Completed 4 year degree program
- ☐ Unknown
- ☐ Pre-kindergarten Program
- ☐ Some High School
- ☐ Some College
- ☐ Completed 2 year degree program
- ☐ Completed Post graduate degree

5. Please check any Benefits are you currently receiving

- ☐ ACCES-VR/CBVH
- ☐ SSI/SSD
- ☐ Medicare
- ☐ Medicaid
- ☐ HEAP
- ☐ Food Stamps/SNAP
- ☐ Safety Net
- ☐ Other _____
- □ Temporary Asst
- □ Housing Subsidy

6. Do you request access to any of the following areas

- ☐ Transportation
- ☐ Health Care
- ☐ Assistive Technology

7. Veteran Information - Please check one box

- ☐ Veteran (served in US Military)
- ☐ Non-Veteran (never served in US Military)
- ☐ Unknown

For Center Staff Only

I have determined this applicant has met the basic eligibility requirements for Independent Living Services.

Staff Signature_____ Date_____