

Intake Form

Date of entry:

DEMOGRAPHIC

First Name & Last Name: _____

Date of Birth: _____

Gender: Male Female

Race: Caucasian
 African American
 Asian
 other (please specify): _____

Ethnicity: Hispanic
 Non-Hispanic

Primary Language: English
 Spanish
 other (please specify): _____

Primary Communication Mode: Verbal
 Augmentative/Alternative

Education Level: Less than high school
 Completed high school
 other (please specify): _____

Currently Employed: Yes No

Contact Information: Home Phone _____
Cell Phone _____
Email: _____

DISABILITY STATUS

IQ Range: ___ <50 ___ 50-70 ___ > 70 ___ Unknown

Severity: ___ Mild ___ Moderate ___ Severe ___ Profound

Presence of Disabilities *: ___ Intellectual Disability
___ Autism Spectrum Disorder
___ Mental Health Disorder
___ Speech/Language Impairment
___ Low Vision/ Blindness
___ Deaf/ Hard of Hearing
___ Other Conditions (please specify): _____

Co-existing Chronic Conditions (please provide ICD codes, if applicable):

HOUSING STATUS

Address: _____

City: _____

State/Province: _____

Zip/Postal: _____

Location: ___ Rural ___ Urban ___ Suburban

Housing Type: ___ Family home
___ Group home
___ Nursing home
___ other (please specify): _____

Length of Residence (in years) * _____

SUPPORT NEED

Area of Support needed: _____ Entrances & exits
_____ Steps and stairways
_____ Kitchen
_____ Bathroom
_____ Living room
_____ Bedroom
_____ throughout the house
_____ other (please specify)

Type of technology currently in use:

Type of technology requested:

Briefly described any challenges or barriers experienced:

PROJECT STATUS

Date:

Project Status: Eligible
 Non-eligible
 Enrolled
 Cancelled
 Completed

Comments: