

## Consumer Intake Form

First Name	Last Name	Birth Date	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number (Optional)		County of Residence	School, if Attending
<input type="text"/>		<input type="text"/>	<input type="text"/>
Physical Address		City	Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>
Mailing Address (if different)		City	Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>
Phone (Home)	Phone (Mobile)	Email address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Emergency Contact Name		Relationship	Phone Number
<input type="text"/>		<input type="text"/>	<input type="text"/>

*In the following section, please check all that apply and specify where space is provided.*

<p><b><u>Ethnicity/Race:</u></b></p> <p>Native American <input type="checkbox"/></p> <p>Asian <input type="checkbox"/></p> <p>Black <input type="checkbox"/></p> <p>Hawaiian/Pacific Islander <input type="checkbox"/></p> <p>Hispanic/Latino <input type="checkbox"/></p> <p>White <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p><b><u>Income:</u></b></p> <p>\$0-\$5,000 <input type="checkbox"/></p> <p>\$5,001-\$10,000 <input type="checkbox"/></p> <p>\$10,001-\$20,000 <input type="checkbox"/></p> <p>\$20,001-\$30,000 <input type="checkbox"/></p> <p>\$30,001-\$40,000 <input type="checkbox"/></p> <p>\$40,001-\$50,000 <input type="checkbox"/></p> <p>\$50,001-\$60,000 <input type="checkbox"/></p> <p>\$60,000 + <input type="checkbox"/></p> <p><b><u>Transportation:</u></b></p> <p>Self <input type="checkbox"/></p> <p>Public Transportation <input type="checkbox"/></p> <p>No Transportation <input type="checkbox"/></p> <p>Parent Transportation <input type="checkbox"/></p>	<p><b><u>Marital Status:</u></b></p> <p>Single <input type="checkbox"/></p> <p>Married <input type="checkbox"/></p> <p>Separated <input type="checkbox"/></p> <p>Divorced <input type="checkbox"/></p> <p>Widow <input type="checkbox"/></p> <p>Significant Other/Partner <input type="checkbox"/></p> <p>Dependent <input type="checkbox"/></p> <p><b><u># of Dependents in Home</u></b></p> <p><input type="text"/></p> <p><b><u>Exclude from mailing list:</u></b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><b><u>Insurance:</u></b></p> <p>Medicaid <input type="checkbox"/></p> <p>Medicare A <input type="checkbox"/></p> <p>Medicare B <input type="checkbox"/></p> <p>Medicare C <input type="checkbox"/></p> <p>Long-term disability <input type="checkbox"/></p> <p>Short-term disability <input type="checkbox"/></p> <p>Private <input type="checkbox"/></p> <p>None <input type="checkbox"/></p>	<p><b><u>Employment Status:</u></b></p> <p>Unemployed <input type="checkbox"/></p> <p>Sheltered <input type="checkbox"/></p> <p>Supported <input type="checkbox"/></p> <p>Transitional <input type="checkbox"/></p> <p>Internship (unpaid) <input type="checkbox"/></p> <p>Internship (paid) <input type="checkbox"/></p> <p>Part-time (competitive) <input type="checkbox"/></p> <p>Full-time (competitive) <input type="checkbox"/></p> <p>Not Employed, Not Seeking <input type="checkbox"/></p> <p>Not Employed, Seeking <input type="checkbox"/></p> <p>Retired <input type="checkbox"/></p> <p>Never Worked <input type="checkbox"/></p> <p>Attending College <input type="checkbox"/></p> <p>Self-Employed <input type="checkbox"/></p>	<p><b><u>Are you a veteran?</u></b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><b><u>Residence Type:</u></b></p> <p>Assisted Living <input type="checkbox"/></p> <p>Transitional <input type="checkbox"/></p> <p>Group Home <input type="checkbox"/></p> <p>Home Owner <input type="checkbox"/></p> <p>Homeless <input type="checkbox"/></p> <p>Independent <input type="checkbox"/></p> <p>Institution <input type="checkbox"/></p> <p>Lives with Parent(s) <input type="checkbox"/></p> <p>Nursing Home <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Rent-Subsidized <input type="checkbox"/></p> <p>Rent Unsubsidized <input type="checkbox"/></p> <p>Dependent-Family/Friends <input type="checkbox"/></p> <p><b><u>Disability:</u></b> <i>Please specify:</i></p> <p>Cognitive <input type="checkbox"/></p> <p>Mental/Emotional <input type="checkbox"/></p> <p>Physical <input type="checkbox"/></p> <p>Hearing <input type="checkbox"/></p> <p>Vision <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<b><u>Head of Household?</u></b>			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<b><u>Benefits Source(s):</u></b>			
AFDC <input type="checkbox"/>	Long Term Disability <input type="checkbox"/>	SSI <input type="checkbox"/>	Welfare <input type="checkbox"/>
Alimony <input type="checkbox"/>	Short Term Disability <input type="checkbox"/>	SSI & SSDI <input type="checkbox"/>	Worker's Compensation <input type="checkbox"/>
Child Support <input type="checkbox"/>	Pension <input type="checkbox"/>	Welfare <input type="checkbox"/>	General Public Assist. <input type="checkbox"/>
DCF/Foster Care <input type="checkbox"/>	Railroad Retirement <input type="checkbox"/>	TANF <input type="checkbox"/>	No Financial Resources <input type="checkbox"/>
Food Stamps <input type="checkbox"/>	Social Security Retirement <input type="checkbox"/>	Unemployment <input type="checkbox"/>	Other <input type="checkbox"/>
Free/Reduced Lunch <input type="checkbox"/>	SSDI <input type="checkbox"/>	Veteran's Benefits <input type="checkbox"/>	

## Consumer Intake Form (Continued)

### Level of Education:

Below 8th Grade <input type="checkbox"/>	Special Education <input type="checkbox"/>	High School Diploma <input type="checkbox"/>	Bachelor's Degree <input type="checkbox"/>
9th-11th Grade <input type="checkbox"/>	GED <input type="checkbox"/>	Trade/Vocational <input type="checkbox"/>	Master's Degree <input type="checkbox"/>
12th grade <input type="checkbox"/>	Certificate of Completion <input type="checkbox"/>	Some College <input type="checkbox"/>	Some Graduate <input type="checkbox"/>
5th year senior <input type="checkbox"/>	Attending GED Program <input type="checkbox"/>	Associates Degree <input type="checkbox"/>	Doctorate/PHD <input type="checkbox"/>

### Registered to vote?

Yes, and I want to update my registration <input type="checkbox"/>	No, and I want to register <input type="checkbox"/>
Yes, and I don't want to update my registration <input type="checkbox"/>	No, and I don't want to register <input type="checkbox"/>

### Additional School Information

**\*\*Individuals 22 & under still who have not graduated from High School or obtained their GED)\*\***

#### Attend the following School Setting?

#### ESE Services (Check all that Apply)

Public School <input type="checkbox"/>	Charter School <input type="checkbox"/>	Individual Education Plan <input type="checkbox"/>	A 504 Plan <input type="checkbox"/>
Private School <input type="checkbox"/>	Magnet School <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>	Physical Therapy <input type="checkbox"/>
Montessori <input type="checkbox"/>	Home school <input type="checkbox"/>	Speech Therapy <input type="checkbox"/>	Inclusion Classes <input type="checkbox"/>
Daycare/Preschool <input type="checkbox"/>	Other: <input type="checkbox"/>	Self-Contained <input type="checkbox"/>	Other <input type="checkbox"/>

### Contact Method

Standard <input type="checkbox"/>	Large Print <input type="checkbox"/>	Braille <input type="checkbox"/>	Audio Tape <input type="checkbox"/>
Email <input type="checkbox"/>	Text Message <input type="checkbox"/>	TTY <input type="checkbox"/>	Video Phone <input type="checkbox"/>
Spanish <input type="checkbox"/>	Other Language <input type="checkbox"/>		

### Barriers

Self-Care <input type="checkbox"/>	Housing <input type="checkbox"/>	Financial <input type="checkbox"/>	Language <input type="checkbox"/>
Mobility <input type="checkbox"/>	Felony <input type="checkbox"/>	Age <input type="checkbox"/>	Other (Explain Below) <input type="checkbox"/>
Education <input type="checkbox"/>	Misdemeanor <input type="checkbox"/>	Health <input type="checkbox"/>	
Employment <input type="checkbox"/>	Transportation <input type="checkbox"/>	No ID/Documentation <input type="checkbox"/>	

**If you checked any of the above Barriers, please explain:**

### IL Skills Trainings and Life Skills Trainings

**Please select types of trainings you would like to see The ILRC provide &/or provide other options:**

Housing <input type="checkbox"/>	Financial Management <input type="checkbox"/>	Personal Care <input type="checkbox"/>	Other: <input type="checkbox"/>
Public Assistance Prog. <input type="checkbox"/>	Nutrition/Meal Prep <input type="checkbox"/>	Social Skills <input type="checkbox"/>	
Employment Services <input type="checkbox"/>	Household Management <input type="checkbox"/>	Computer Skills <input type="checkbox"/>	
Self-Advocacy <input type="checkbox"/>	Living Well <input type="checkbox"/>		

### Staff Use Only

<b>Active Date:</b> <input style="width: 100%;" type="text"/>	<b>Intake Coordinator:</b> <input style="width: 100%;" type="text"/>	<b>Assigned Coordinator:</b> <input style="width: 100%;" type="text"/>
DCP <input type="checkbox"/>	Employment Svcs <input type="checkbox"/>	TLC <input type="checkbox"/>
DVA <input type="checkbox"/>	FTRI <input type="checkbox"/>	RAMP <input type="checkbox"/>
Youth Services <input type="checkbox"/>	Peer Counseling <input type="checkbox"/>	Information & Referral <input type="checkbox"/>
		Independent Living Skills <input type="checkbox"/>
		Nursing Home Transition <input type="checkbox"/>

**Staff Notes for Wrap Around Services:**