

ASSIST! to Independence Applicant Intake Form

A. Personal Information:

First Name: _____ Middle Name: _____ Last Name: _____

Phone # 1. _____ #2. _____ Msg#: _____

Mailing Address 1: _____

City: _____ State: _____ Zip Code: _____

Physical Address 2: _____

City: _____ State: _____ Zip Code: _____

Chapter/Village Affiliation: _____ Gender: Male Female

County: Coconino Navajo Apache McKinley

San Juan (NM) San Juan (UT)

Birthdate: ____/____/____ (month/date/year) Social Security No.: ____-____-____

Registered Voter: Yes No Veteran: Yes No

Marital Status:

Single Married Divorced Widowed Unknown

B. Ethnicity:

Hispanic/Latino Other

Race: American Indian/Alaska Native Asian Black or African American

Native Hawaiian or other Pacific Islander White Unknown

Tribal Affiliation: Navajo Hopi San Juan Southern Paiute

Other: _____ Tribal Census # _____ Copy of CIB Yes No

Primary Language: _____ Secondary Language: _____

C. Housing Status:

Homeless Institution Dependent – Family/Friends

Assisted Living Independent Rent – Subsidized

Rent – Unsubsidized Other

Electricity Available: Yes No Water Available: Yes No

Other (e.g., septic tank): _____

D. Employment Status:

Unemployed Sheltered Supported

Transitional Internship (unpaid) Internship (paid)

Part-time (competitive) Full-time (competitive) Retired

Not Employed, Seeking Employment

Not Employed, Not Seeking Employment Other

Are you currently employed? Yes No

If yes, indicate place of employment: _____

E. Education Level

Below 8th Grade 9-11th Grade High School Diploma

Trade/Vocational Special Education Some College

Bachelor’s Degree Some Graduate Master’s Degree

Doctorate Degree Other

Are you currently enrolled in school? Yes No

If yes, indicate name and location of school: _____

F. Transportation

Own Own w/driver Arranged Public None

G. Disability Information

Cognitive Mental/Emotional Physical Hearing Vision

Explain what type of disability you have and how it limits your ability to function independently in your home and community.

[Redacted area]

H. Description of Specific Services

Describe the specific service you are requesting (e.g., assistive technology, bathroom modifications, and etc.):

[Redacted area]

Please check ONLY those services you are requesting.

I. Services Requested

- (a) Advocacy/Legal Services
- (b) Assistive Technology
- (c) Family Services
- (d) Housing/Home Mods/Shelter
- (e) IL Skills or Life Skills Training
- (f) Information & Referral
- (g) Mental Restoration Services
- (h) Mobility Training
- (i) Peer Counseling Services
- (j) Physical Restoration Services
- (k) Preventive Services
- (l) Prostheses & other appliances
- (m) Recreational Services
- (n) Rehabilitation Technology Services
- (o) Transportation Services
- (p) Youth/Transition Services
- (q) Vocational Services
- (r) Other Services: _____

J. Emergency and Guardian Contact

Name: [redacted] Address: [redacted]

City: [redacted] Zip Code: [redacted]

Phone 1: [redacted] Phone 2: _____

Relation to Consumer: [redacted]

Applicant Signature: [redacted] Date: [redacted]

Parent/Guardian Signature: _____ Date: _____

IL Coordinator Signature: _____ Date: _____

Please draw a map to your residents include any landscape & marking around the residence.

