

**ASSIST! to Independence
Center for Independent Living
Applicant Intake Form**

A. Personal Information:

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

Mailing Address 1: _____

City: _____ State: _____ Zip Code: _____

Physical Address 2: _____

City: _____ State: _____ Zip Code: _____

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

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

Chapter/Village Affiliation: _____ Gender: Male Female

County: Coconino Navajo Apache McKinley San Juan (NM) San Juan (UT)

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.

H. Description of Specific Services

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

Please check ONLY those services you are requesting.

I. Services Requested

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

J. Emergency and Guardian Contact

Name: _____
Address: _____ City: _____ Zip Code: _____
Phone 1: _____ Phone 2: _____
Relation to Consumer: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

IL Coordinator Signature: _____ Date: _____

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

