

Intake Form
Utah Independent Living Center

Date _____

Name (*required*) Age *DOB (required)* Phone Mobile Phone
Street Address: _____ Email: _____

City County (*required*) State Zip

Veteran: Yes ___ No ___ **Gender**(*required*): Female ___ Male ___

Race (*required*):

White: ___ Black or African American: ___ American Indian or Alaska Native: ___ Hispanic: ___
Asian: ___ Pacific Islander or Native Hawaiian: ___ Unknown: ___

Marital Status: Married ___ Partner ___ Single ___ Divorced ___ Widowed ___ Separated ___

Disability:

What is your disability? _____

Living Arrangement: Institution ___ Assisted Living ___ Dependent with family or friends ___
Group Home ___ Homeless ___ Independent ___ (Is rent subsidized ___ Not subsidized ___)
Other _____

Source of Income: SSI ___ SSDI ___ Welfare ___ Gov't Pension ___ Employment ___ Work.Comp ___

Type of Health Insurance: Medicaid ___ Medicare ___ Other (Specify) _____

Write a statement of your needs and how you feel the Independent Living Center can help? _____

List other agencies you are working with. _____

Are you registered to vote? Yes ___ No ___ If not, would you like to register to vote? Yes ___ No ___

Employment & Education:

Employed Status: Full Time ___ Part Time ___ Not Employed ___ Sheltered Workshop ___ Retired ___
Other _____
Work Experience _____
Vocational Rehabilitation Counselor, if any _____
Education Level _____ Special Training _____

Income Level: \$0-\$5,000 ___ \$5,001-\$10,000 ___ \$10,001-\$20,000 ___ \$20,001-\$30,000 ___
\$30,001-\$40,000 ___ \$40,001-\$50,000 ___ \$50,001-\$60,000 ___ \$60,000+ ___

Transportation:

Wheelchair Accessible Transit Necessary? Yes ___ No ___

Drives Own Vehicle: Yes ___ No ___ Dependent on others for transportation? Yes ___ No ___

Interested in using Flex-trans? Yes ___ No ___ Interested in bus training (UTA) Yes ___ No ___

Comments: _____

Housing:

Number of Bedrooms _____ Roll-In Shower: Yes ___ No ___ Bathtub: Yes ___ No ___

What special housing accessibility features do you require? _____

Area in which you prefer to live? _____

What would be the highest amount you could pay for rent? _____

Are you currently on a Subsidized Housing Program? Yes ___ No ___ List: _____

Do you need to apply for Subsidized Housing? Yes ___ No ___ Need Help Applying? Yes ___ No ___

Comments: _____

Emergency/Other Contact(s)

_____	_____	_____	_____
Name of Contact	Phone/email	Name of Contact	Phone/email

<p><u>Intake Summary:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>Program Specific information needed:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

UTAH INDEPENDENT LIVING CENTER
APPLICATION FOR INDEPENDENT LIVING CENTER SERVICES

My signature to this document constitutes an application for Utah Independent Living Center services. I understand that such aid that may be given to me is for the purpose of assisting me to become independent. Although specific services or independence cannot be guaranteed by the Utah Independent Living Center or by myself, a reasonable amount of assistance will be given to me for that purpose if I am found eligible for services.

I understand information collected in this interview and in the subsequent development of my service record is necessary to establish eligibility for services and in the provision of services if I am found eligible. The Utah Independent Living Center will gather information from me personally or with my consent. Information from my service record will not be disclosed other than in the administration of my independent living program, unless my written approval has been obtained. I am aware of my rights concerning the release of information.

The Utah Independent Living Center makes no distinction in race, color, sex, age, creed, disability or national origin in the provision of services to individuals under the program. I understand that I may appeal discriminatory practices and that I have the right to appeal the decision of my service coordinator to his/her supervisor. My service coordinator will help me if problems of this nature arise. (See Grievance Procedure). If additional assistance is needed, the Client Assistance Program is available to act as an advisor and advocate.

I have read and reviewed the information on this form. I understand and agree with the release of information and the appeals process.

Consumer's Signature Date

UILC Service Coordinator Date

Consumer Representative

Relationship to Consumer

UTAH INDEPENDENT LIVING CENTER
INDIVIDUAL WRITTEN INDEPENDENT LIVING PLAN

GOAL TYPE: _____ Date Set: _____ Date Omitted _____
Date Achieved _____
GOAL: _____

SERVICES: _____

Participation Statement: I have participated in the development of this Independent Living Plan. I understand and accept it. I am committed to attain the goals as outlined in the plan.

_____ Agree _____ Disagree

I authorize the Utah Independent Living Center to take and utilize photographs, videos, or other audio-visual materials for its own use. These materials will be used for public awareness, public relations and fundraising. I also understand that I will not be compensated momentarily or otherwise for such use by the Utah Independent Living Center.

_____ Agree _____ Disagree

I waive, release and discharge the Utah Independent Living Center and its employees from all claims or liability for death, personal injury or property damage of any kind or nature whatsoever, arising out of or in the course of my participation with the Utah Independent Living Centers programs including loan bank, transportation to and from these program activities.

_____ Agree _____ Disagree

I have received the Consumer Grievance Policy and Workplace Safety Policy.

_____ Agree _____ Disagree

Consumer Date

Service Coordinator Date

Consumer Representative Date

