CONSUMER APPLICATION

Independent Living Center

Date: ____________________

Consumer Name: ____________________ Parent/Caregiver: ____________________

Address: ____________________ City/State: ____________ Zip Code: ________

Contact #: ______________ Email: ____________________ County: ____________

When contacting me by phone, you MAY speak to anyone who might answer the phone: ____________

When contacting me by phone, you MAY leave a message on the system? ____________________

Date of Birth: ____________ Age: ________ Gender: ________ Social Security: ________

Primary Disability: ____________________ Ethnicity: ________ Veteran: ☐ Yes ☐ No

Referred by: ____________________ Service Requested: ____________________

Your disability is: *(Check all that apply)*

☐ Cognitive ☐ Mental/Emotional ☐ Physical ☐ Hearing ☐ Vision ☐ Multiple Disabilities

Are you currently on an IEP/WAIVER: ☐ Yes ☐ No

If Yes, please list type of Waiver: ____________________

Do you feel you are in risk of being placed in a facility/institution? ☐ Yes ☐ No

Do you need information in an adaptive format, an interpreter, or language translator? ☐ Yes ☐ No

Do you want to register to vote or update your voter registration forms? ☐ Yes ☐ No

Would you like to be placed on our mailing list to receive general information? ☐ Yes ☐ No

What is your current Transportation? ☐ Drive ☐ Public Transit ☐ Family/Friend ☐ Other

What are your Living Conditions? ☐ Live Alone ☐ Live w/family or roommate ☐ Assisted Living

Are your Living Conditions Accessible? ☐ Yes ☐ No Do you need Accessibility? ☐ Yes ☐ No

Do you have a Spouse/Partner? ☐ Yes ☐ No Do you need a Caregiver? ☐ Yes ☐ No

What Services are you Requesting? (*Check all that apply*)

☐ Advocacy ☐ Information & Referral ☐ Independent Living Skills

☐ Peer Support ☐ Transition Services ☐ Emergency Preparedness

☐ Diversion ☐ Program: Please specify: ____________________

☐ Other: Please specify ____________________

CONSUMER: ______________________________

STAFF: ______________________________

CONSUMER CASE NOTES

Independent Living Center
Share Your Heart

DATE: ______________________________

STAFF: ______________________________ TIME: ____________

CONTACT TYPE: ____

Consumer is responsible to satisfy/provide the following items/requests from initial Intake and return to the center to have request considered by committee: ____________ Initials: ________________

To Do List for Consumer:

____
____
____
____

Comments concerning the consumer, their situation, interests, needs and/or resources, recommendations, objectives, and/or actions proposed, including but not limited to an ILP; anything pertinent to their file and relevant to their safety and independence.
Add notes with every touch of the consumer and remember to Date and add to Database!

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Staff should always initial and date entries, keep in Consumer record and follow process!!!