INFORMATION & REFERRAL INTAKE

Name:	How did you hear about Access Alaska		
Name of Person Seeking Services:	Services?		
Representative/Legal Guardian (if applicable):	☐ Family/Friend		
Address:	☐ Access Alaska Staff ☐ News Story ☐ Other		
Phone:Email:	What help are you seeking from Access Alaska? (Please check all that apply):		
Gender: ☐ Female ☐ Male Date of Birth:/	☐ Personal Care Attendant		
What is your Ethnicity? ☐ White ☐ American/Alaska Native ☐ Hispanic/Latino ☐ Asian ☐ Black/ African American ☐ Hawaiian/Pacific Islander Primary Language: ☐ English ☐ Spanish ☐ Native Alaskan ☐ Other	 □ Self-Advocacy Skills Training □ Assistance Completing Paperwork □ Social Security Paperwork □ Accessing Medical Services □ Home Modification/Adaptive Equipment □ Daily Living/Self Care Assistance 		
Do you experience a Disability? ☐ Yes ☐ No Disability Type: ☐ Physical ☐ Developmental Disabilities ☐ Cognitive ☐ Mental/Emotional ☐ Hearing ☐ Vision ☐ Other:	 □ Education/Assistive Technology Training □ Equipment/Assistive Devices Loan Closes □ Finances/Benefits Training □ Housing Search/Application □ Transportation Navigation □ Vocational Skill Development □ Medicare Counseling □ Peer Support and Mentoring □ Other Issues: 		

Date:



Information

Access Alaska is an Independent Living Center (ILC).

Independent Living Centers do not do for you, they support consumers to do for themselves.

We promote the full inclusion of people experiencing a disability into their community and society. The goals of an ILC are to teach the skills of independent living, with a primary focus on self-advocacy and consumer choice. We do not do what you can do for yourself; we support you in meeting your challenges and removing the barriers to being independent and successful in meeting your goals.

Are you familiar with Access Alaska and the Programs we have? Please indicate the programs you would like more information about:

☐ Wellness Program	n

- ☐ Loan Closet
- ☐ Head Injury Program
- ☐ Older Blind Services in Fairbanks
- ☐ Developmental Disabilities Program
- ☐ Consumer Support Groups
- ☐ Independent Living Program

What Brings You In Today?	Income Information:		
	What is your Income per month: \$		What is your Current Living
			Situation?
	Where does your money co		☐ Renting Apartment
	☐ Adult Public Assistance		Own Home
	□ ATAP	☐ Senior Benefit	☐ Parent/Guardian Home
	☐ Retirement	☐ Native Benefit	☐ Group Home
	□ VA	☐ Food Stamps	☐ Homeless
	☐ Other Sources:		☐ Hotel
	Do you receive Medicaid?		☐ Primary Care Facility
	☐ Yes ☐ No ☐ Applying		☐ Single Room Occupancy
		5	☐ Transitional
	Are you working with Division of Vocational Rehabilitation (DVR)? ☐ Yes ☐ No ☐ Applying		What aleastican libraria
			What educational level have you achieved?
			acmeved: ☐ GED
	De man hans Dendal Aminto		☐ HSGD
	Do you have Rental Assistance? ☐ Yes ☐ No ☐ Applying		☐ GRADE COMPLETED
	a res a no a Apprym	g	☐ COLLEGE
	Are you a US Veteran?		□ VOCATION/TRADE
	☐ Yes ☐ No What is your Marital Status?		Are you currently feeling suicidal
			or homicidal?
			☐ Yes ☐ No
	☐ Single ☐ Married		
	☐ Divorced ☐ Widowed		000 11 0 1
	☐ Other		Office Use Only:
	What is your Employment Status?		☐ Risk Protocol Followed for Yes
	☐ Unemployed, Not Seeking	g Employment	☐ Reviewed with ILSS
	☐ Part-Time		☐ I&R Entered in CIL Suite
	☐ Full-Time		☐ Community Resources Sheet
	□ Volunteer		☐ ILC Orientation Packet Given
	Unemployed but Seeking	Employment	
	Retired		Completed By:
	Are You a Registered Vote	r?	
	☐ Yes ☐ No		
If no, would you like to register today?		Duic	
	☐ Yes ☐ No	isici ioday:	Revised (10/2015)