# INFORMATION & REFERRAL INTAKE

Name:

Name of Person Seeking Services

Representative/Legal Guardian (if applicable):	☐ Family/Friend ☐ Service Provider, Who?
Address:	☐ Web Search/211 ☐ Access Alaska Staff
	News Story
Phone:	Other
33	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?	☐ Self-Advocacy Skills Training
	☐ Assistance Completing Paperwork
☐ Hispanic/Latino ☐ Asian ☐ Hawaiian/Pacific Islander	☐ Social Security Paperwork
	☐ Accessing Medical Services
Native Alackan   Other	☐ Home Modification/Adaptive Equipment
THE A VICEL TO A ALABADAMAN THE COLLEGE	☐ Daily Living/Self Care Assistance
	☐ Education/Assistive Technology Training
Do you experience a Disability? Li Yes Li No	☐ Equipment/Assistive Devices Loan Closet
Cognitive	☐ Finances/Benefits Training
	☐ Housing Search/Application
Please tell us about how it impacts you:	☐ Transportation Navigation
	☐ Vocational Skill Development
	☐ Medicare Counseling
	☐ Peer Support and Mentoring
	☐ Other Issues:
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## How did you hear about Access Alaska

Prvices?
Family/Friend
Service Provider, Who?
Web Search/211
Access Alaska Staff
News Story
Other

## you seeking from Access check all that apply):

- e Attendant
- y Skills Training
- ompleting Paperwork
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- efits Training
- ch/Application
- n Navigation
- kill Development
- unseling
- and Mentoring

### Information

Living Center (ILC). Access Alaska is an Independent

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

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

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

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

																										What Brings You In Today?
□ Yes □ No	If no, would you like to register today?	☐ Yes ☐ No	Are Von a Registered Voter?	Volunteer	Part-Time	What is your Employment Status?  Unemployed. Not Seeking Employment		ced	☐ Single ☐ Married		Tyes I No	Are you a IIC Voteran?	☐ Yes ☐ No ☐ Applying	Do you have Rental Assistance?	☐ Yes ☐ No ☐ Applying	Are you working with Division of vocational Rehabilitation (DVR)?		Des De Dannlying	J	Other Sources:	☐ Retirement ☐ Native Benefit ☐ VA		☐ Adult Public Assistance ☐ SSI/SSD	Where does your money come from?	What is your Income per month: \$	Income Information:
Revised (10/2015)	Date	Date	Completed By:	☐ ILC Orientation Packet Given	☐ I&R Entered in CIL Suite ☐ Community Resources Sheet	☐ Risk Protocol Followed for Yes☐ Reviewed with ILSS	Office Use Only:	OS 11-0-1	□ Yes □ No	or homicidal?	Are von currently feeling suicidal	COLLEGE	☐ GRADE COMPLETED	HSGD	achieved?	What educational level have you	L I ransitional	☐ Single Room Occupancy	☐ Primary Care Facility	☐ Hotel	Group Home	☐ Parent/Guardian Home	Own Home	☐ Renting Apartment	What is your Current Living	