



INTAKE FORM

Date: _____ Person Completing Form: _____

Name of Applicant: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: Home Phone: (____) _____

Email address: _____

Social Security #: ____ - ____ - ____ Date of Birth: ____ / ____ / ____ Age: ____

Diagnosis: _____

Is applicant a U.S. Citizen? ____ Yes ____ No If no, where is citizenship? _____

Ethnicity (optional)? _____

Please answer the following questions:

Who is the applicant currently living with? _____

What is their relationship to the applicant? _____

Family Information

Mother's Name:	Father's Name:
Address:	Address:
Best contact number:	Best contact number:
Email Address:	Email Address:
Employer's Name:	Employer's Name:



Person Responsible for Payment of Fees:
Address if different than above:
Best contact number:
Email Address:

Sibling Information

Name:	Age:	Address:	Phone:	Email:

In case of emergency and unable to reach parents or siblings, please notify:

Name: _____

Best contact number: _____

Funding and Benefits Information

Benefits:			
	SSI		Housing Assistance
	SSDI		Utility Discount
	Food Stamps		Other
	Alabama Medicaid Waiver Funding		Medicare/Medicaid



Has the Applicant applied for Alabama Rehabilitation Services (ADRS)? Yes No

Please provide the rehabilitation counselor's name: _____

Guardianship

Does the Applicant have a Legal Guardian? Yes No

If yes, who is the Applicant's Legal Guardian? _____

Educational History

School(s) Attended & Address	Dates From-To	Type of Diploma/Degree

What are the Applicant's areas of academic strength?

What are the Applicant's areas of academic weakness?



Vocational History

Please list the two most recent work experiences, starting with the most recent:

#1. Employer Name: _____

Supervisor's Name: _____

Title of Position: _____

Duties: _____

Date of Employment: _____

From

To

Type of Employment:

- Paid Competitive
- Non-paid Internship
- Non-paid school/work experience
- Paid School experience
- Other: _____

If paid, what was the hourly rate of pay? _____ Number of hours worked per week? _____

Job Coach supports: ____ Yes ____ No

How was the position obtained? ____ ADRS ____ School System ____ Vocational Program
____ Family/Friends ____ Other: _____

Reason for Leaving: ____ New job ____ Relocation ____ Terminated ____ School ended
____ Other: _____



#2. Employer Name: _____

Supervisor's Name: _____

Title of Position: _____

Duties: _____

Date of Employment: _____
From To

Type of Employment:

- Paid Competitive
- Non-paid Internship
- Non-paid school/work experience
- Paid School experience
- Other: _____

If paid, what was the hourly rate of pay? _____ Number of hours worked per week? _____

Job Coach supports: ___ Yes ___ No

How was the position obtained? ___ ADRS ___ School System ___ Vocational Program
 ___ Family/Friends ___ Other: _____

Reason for Leaving: ___ New job ___ Relocation ___ Terminated ___ School ended
 ___ Other: _____

Questions:	Yes	No	If yes, please describe below:
Does the applicant have mobility or physical impairment?			
Is the individual blind or visually impaired?			
Is the applicant deaf or hearing impaired?			
Does the applicant have a driver's license?			From what state?
Does the applicant have a vehicle to drive?			Use public transportation?



Does the applicant have an Alabama ID (non-driver)?			

Medical History

Name of Primary Care Physician: _____

Physician's Telephone: _____

Applicant's Developmental History:

Age at which symptoms were first observed? _____

Please describe: _____

At what age was professional help first sought? _____

What was the initial diagnosis? _____

Additional diagnoses? _____

Has the applicant ever been hospitalized for any reason? _____ Yes _____ No

If yes, please provide the reason(s) and date(s):

Condition: _____ Date: _____

Condition: _____ Date: _____

Does the applicant take any prescription medications: _____ Yes _____ No

If yes, please provide the information requested below:

Medication:	Dosage:	Time of Day Taken:	Condition:



Please describe the applicant's abilities to self-medicate:

Does the applicant wear: Eyeglasses _____ Contact lenses _____

Does the applicant wear hearing aid(s)? _____ Yes _____ No

Describe the impact on functioning from visual or hearing difficulties:

Describe the impact on functioning related to any speech and language issues:

Describe the impact on functioning related to any physical limitations:

Does the applicant have allergies? _____ Yes _____ No

If yes, describe necessary precautions: _____



Does the applicant have a seizure disorder? _____ Yes _____ No

Are the seizures controlled by medication? _____

Describe the nature of the seizure disorder: _____

When was the last time the applicant had a seizure? _____

Please describe any other medical issues or concerns: _____

Behavioral History

Has the applicant:

	YES	NO
Been suspended from school?		
Been arrested?		
Had any legal problems or current litigation?		
Abused alcohol?		
Abused drugs?		
Been physically, sexually, or emotionally abused?		
Presented a danger to self or others?		
Been hospitalized for problems related to emotions, behavior, drugs, or alcohol?		
Smoked cigarettes?		
Acted out when angry?		
Had difficulties telling the truth consistently?		
Committed theft?		
Had any traffic/driving violations?		

If you have checked "YES" for any item above, please provide us with some information about the behavior.



Describe the applicant's current behavioral strengths and weaknesses:

Social Information

What are the applicant's main hobbies/interests?

Does the applicant:

	YES	NO
Make friends easily?		
Interact comfortably with peer group?		
Make friends in his/her own age group?		
Regularly choose to spend time with peers?		
Regularly phone or email others?		
Use social network sites on the internet?		
Show interest in dating?		
Have any difficulty with authority figures?		

Please describe the applicant's social strengths and weaknesses:



Please identify any concern and/or safety risks that you are aware of in the following categories:

1. Independent Living: _____
2. Employment: _____
3. Social Situations: _____
4. Therapy: _____

What are your immediate goals in working with Triumph?

Date revised: 08.25.14