



## NDHHS Intake Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

Town, State

Zip

Telephone: \_\_\_\_\_ TTY/Voice/VP

Email: \_\_\_\_\_ Pager/Text: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Hearing Status: \_\_\_\_\_ Deaf \_\_\_\_\_ Hard of Hearing \_\_\_\_\_ Late Deafened \_\_\_\_\_ Deaf-Blind

Language(s): \_\_\_\_\_

Other Disabilities: \_\_\_\_\_

### Recipient of local, state, or federal assistance:

a. Subsidized housing or other rental subsidies?    \_\_\_ yes (\$)    ) \_\_\_ no

b. Food Stamps?    \_\_\_ yes (\$)    ) \_\_\_ no

c. WIC?    \_\_\_ yes (\$)    ) \_\_\_ no

d. Temporary Assistance to Needy Families?    \_\_\_ yes (\$)    ) \_\_\_ no

e. General Assistance?    \_\_\_ yes (\$)    ) \_\_\_ no

Are you a Medicaid recipient? \_\_\_ Yes, # \_\_\_\_\_ \_\_\_ No

Are you a Medicare recipient? \_\_\_ Yes, # \_\_\_\_\_ \_\_\_ No

Other Health Insurance? \_\_\_\_\_

**Referral Source/How heard about Center:**

☐ Service Provider    ☐ Staff/Board Member    ☐ Civil Rights/Lawyer  
☐ Family/Friend    ☐ Materials    ☐ Media  
☐ Presentation    ☐ Website    ☐ Other

**Primary Language:** \_\_\_\_\_

**Reason(s) for Seeking Services:**

☐ accessibility    ☐ interpreter skills training    ☐ civil rights/law  
☐ employment    ☐ education/training    ☐ self-help/personal  
☐ housing    ☐ health care/medical    ☐ finances/benefits  
☐ equipment    ☐ social/recreation    ☐ other

**Education:**

☐ No education    ☐ 8<sup>th</sup> grade or less    ☐ Some high school    ☐ Special Ed  
☐ HS Diploma    ☐ GED    ☐ AA/AO Degree    ☐ BA/ BS Degree  
☐ Graduate Work    ☐ Graduate Degree    ☐ Specialized Training

**Employment:**

☐ Full Time    ☐ Part Time    ☐ Self Employed Full Time  
☐ Not Employed-seeking work    ☐ Self Employed Part Time  
☐ Not Employed-not seeking work    ☐ Volunteer    ☐ Retired

**Income Source:**

☐ Job Earnings    ☐ Pension    ☐ Worker's Comp  
☐ Family Support    ☐ 401K or B    ☐ Other

Are you a recipient of Social Security Benefits? ☐ Yes ☐ No

**If yes, type of benefits:**

☐ SSI  
☐ SSDI  
☐ SSI Blind

\_\_\_ SSDI Blind

\_\_\_ Other: \_\_\_\_\_

Current gross household income (include spouse and other dependents)

Monthly \$ \_\_\_\_\_

**Living Situation:**

\_\_\_ own house/apartment    \_\_\_ parent/guardian home    \_\_\_ group home

\_\_\_ primary care facility    \_\_\_ transitional    \_\_\_ homeless

**With Whom:**

\_\_\_ alone    \_\_\_ with parents    \_\_\_ with attendant    \_\_\_ with friend

\_\_\_ with spouse/partner    \_\_\_ with children    \_\_\_ with other residents

**Have Equipment: (Have-Use check ☒.....Need-Use X)**

\_\_\_ TV Caption    \_\_\_ TTY    \_\_\_ TTY/Telephone Ring Signaler

\_\_\_ Doorbell Light    \_\_\_ Bed Vibrator    \_\_\_ Visual Wake Up Device

\_\_\_ Baby Cry Visual Alarm    \_\_\_ Fire/Smoke Visual Alarm    \_\_\_ VP

\_\_\_ CapTel    \_\_\_ Other type of phone: \_\_\_\_\_

\_\_\_ Hearing Aids

Manufacturer or Model Name: \_\_\_\_\_

How long have you been using them? \_\_\_\_\_

**Transportation:**

\_\_\_ own vehicle, drives self    \_\_\_ own vehicle, family/friends drive

\_\_\_ public transportation (with assistance)    \_\_\_ agency

\_\_\_ public transportation (w/o assistance)    \_\_\_ volunteer

\_\_\_ van service    \_\_\_ other: \_\_\_\_\_

**Other Agency Involvement:**

Name: \_\_\_\_\_ Phone/TTY/VP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone/TTY/VP: \_\_\_\_\_

Name: \_\_\_\_\_ Phone/TTY/VP: \_\_\_\_\_