

Please fill out as completely as possible and send to:

INTAKE FORM

Project AWIN
Cathy Coker
2605 Sweetgrass Dr
Little Rock, AR 72211

Questions: (501) 881-9909

CONTACT AND PERSONAL INFORMATION

How did you hear about us? _____ Date _____

Last Name _____ First Name _____ MI _____

Mailing Address _____

City _____ State _____ Zip Code _____ County: _____

Phone (____) _____ Alternate Phone _____ TTY _____

Email Address _____

Social Security Number _____ Date of Birth _____

Gender: Female Male

Primary Disability: _____

Special Language Needs: _____

Representative Payee Name _____ Phone _____

Address _____

Other Contacts, if desired (relative, guardian, advocate, vocational provider, etc)

Name _____ Relationship _____ Phone _____

Is the client currently working? _____ If so, how much per hour? _____ How many hours a week? _____

What type of SSA is client receiving SSI, SSDI or CDB? _____ How much per month? _____

DATA SHEET, NOT APPLICATION

Demographic Information

Counselor:

Phone: 501.833.1490.

Please complete as much of this form as you can. This information will assist the Vocational Rehabilitation Counselor in determining your eligibility and vocational planning. Your information will be kept confidential and only used as necessary for your rehabilitation.

IF YOU NEED HELP FILLING OUT THIS FORM, ASK YOUR COUNSELOR FOR HELP.

PERSONAL INFORMATION

Social Security Number	Last Name	First Name	Middle Initial
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Street/Mailing Address	City	County	State	Zip Code
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Telephone Number (with area code)	Voice <input type="checkbox"/>	TY/TDD <input type="checkbox"/>
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Email Address _____

Gender: Male Female AGE _____ DATE OF BIRTH: _____

Transportation Information (Choose all that apply)

- Do you have a valid driver's license?
- Do you own your vehicle?
- Do you have access to a vehicle other than your own?
- Can someone give you a ride?
- Do you use Public Transportation?
- Other?

Have you ever attended ACTI? Yes No

HOUSEHOLD MEMBER NAMES	RELATIONSHIP	AGE	EMPLOYMENT

HOUSEHOLD INCOME FOR ALL SOURCES AND/OR BENEFITS \$ _____

CONTACT INFORMATION (REQUIRED)

If we are unable to reach you, whom should we contact? (List 3 people living outside your home)

Name	Relationship	Address	Telephone number

Referral Specifics

Other languages besides English? _____

Are you receiving Social Security Disability Benefits or SSA retirement? Yes No Amount _____

Are you receiving SSI Disability Benefits? Yes No Amount _____

Assistance requested _____

Who referred you to Rehabilitation Services? _____

What is (are) your disability(s)? _____

Are you working now? _____

Do you need help with: keeping a job _____ getting a job _____ transitioning from school to college or work _____

How does your disability keep you from working?

When did you last work? _____

Why aren't you working now?

Are you ready to go to work now? _____

Have you been looking for work on your own? _____

Explain _____

Other Agencies you are dealing with (DHS, Mental Health, etc.) _____

Educational History

High School

City & State

highest grade

Graduated? Yes No Year ____ GED? Yes No Year ____ Where? _____

College/University/Votech Major area(s) of study/Degrees Dates

Other schools or training: Major area(s) of study/ Degrees Dates

Do you have any special skills, certificates, or licenses? Yes No
If yes, explain briefly

WORK HISTORY START WITH YOUR PRESENT OR LAST JOB

Job Title	Employer	City & State
How long	Dates	Salary \$ _____ per _____

Reason for leaving

Job Duties:

Job Title	Employer	City & State
How long	Dates	Salary \$ _____ per _____

Reason for leaving

Job Duties:

Job Title	Employer	City & State
How long	Dates	Salary \$ _____ per _____

Reason for leaving

Job Duties:

RACE / ETHNICITY

Please check the appropriate box(es) below regarding your race/ethnicity.

- White/European American
- American Indian/Alaskan Native
- Native Hawaii/Other Island

- Black/African American
- Asian
- Hispanic/Latin

MEDICAL AND PSYCHOLOGICAL INFORMATION

Do you have one or more physical, emotional or learning problems that affect your ability to work?

Yes No

Physical problem AGE Cause:

Emotional problem AGE Cause:

Learning Problems AGE What Kind:

Have you ever received treatment, inpatient or outpatient, for drug or alcohol use?

Yes No

Have drugs or alcohol caused problems with your personal life, family, job, or created problems that resulted in a fine and/or incarceration? Yes No

Where? When?

Have you ever gone to a Counselor for any kind of personal problem? Yes No

When? Where?

Have you ever lost consciousness due to a blow to the head, seizure or blackout? Yes No
If yes explain briefly when and why:

List the physicians or specialists involved in the treatment of all your condition(s).

NAME	ADDRESS	DATES OF TREATMENT

Have you ever been hospitalized related to your disabilities? Yes No

Name of Hospital
Dates of Treatment
Reason for Hospitalization
Name of Hospital
Dates of Treatment
Reason for Hospitalization

Present living arrangements? (Private home, group home, nursing home) _____

Presently employed? _____

Do you have medical insurance? Yes No Is this medical insurance provided by your employer? Yes No
 Private Medicaid Medicare VA Workers Comp

Other income amounts: SSDI _____ SSI _____ TEA _____ VA _____

Worker's Comp _____ Other _____ Free or reduced school lunch _____

Primary source of income/support _____

Special categories Y=Yes N=no

Honorably discharged Veteran? _____ Projects with Industries? _____ History Special Education or resource _____

Eligible to work in USA? _____ Previous criminal history? _____

Other languages besides English? _____

Have you received a Ticket to Work? _____

~~OUR AGENCY OBJECTIVE IS JOB PLACEMENT. ANY AND ALL TRANSFERABLE JOB SKILLS WILL APPLY BEFORE TRAINING IS CONSIDERED.~~

ADDITIONAL INFORMATION NEEDED AT APPLICATION INTERVIEW:

- MEDICAL RECORDS/DOCUMENTATION OF DISABILITY
- PROOF OF INCOME (CURRENT TAX RETURN, CHECK STUB)
- SSI/SSDI AWARD LETTER
- SOCIAL SECURITY CARD AND PICTURE ID

MAILING ADDRESS IS:
Arkansas Rehabilitation Services
525 W. Capitol
Little Rock, AR 72201
(P) 501.833.1490 (F) 501.833.1491