

Independent Living Services and Centers for Independent Living

For purpose of title VII, the term "individual with a significant disability" means an individual with a severe physical or mental impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance on to employment is substantially limited and for whom the delivery of independent living services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue in employment, respectively.

1. Name: _____
2. Phone 1: _____ Phone 2: _____
3. Contact Person and Phone number (if other than consumer): _____
4. Address: _____
Street
Utah

City State County Zip Code
5. Date of Birth: _____ Email Address: _____
6. Social Security Number: _____ Male Female
7. Do you wish to receive our bi-monthly newsletter? Yes No Electronically Mail
8. Race: (Individuals may select more than one category)
 - a. Hispanic or Latino, If yes, select: Mexican_____, Puerto Rican_____, Cuban_____, Other_____(Please state)
 - b. American Indian or Alaska Native: _____
 - c. Black or African American: _____
 - d. Asian: _____
 - e. Native Hawaiian or Other Pacific Islander: _____
 - f. White: _____
 - g. Two or more Races _____
 - h. Unknown _____
9. Language: (Primarily Spoken) English Spanish Other: _____
10. Marital Status: Never Married Married Divorced Widowed Separated
11. Living Situation: (Check only one)
Private Resident 01 Community Home 02 Rehab Facility 03
Mental Health Facility 04 Nursing Home 05 Adult Correctional Facility 06
Halfway House 07 Substance Abuse treatment Center 08 Homeless/Shelter 09
Other 10
12. Are you presently employed? Yes No
If yes, show hours worked per week _____ Income from work weekly \$ _____
Part Time Full Time Supported Employment Transition Student
If you are presently working, where are you employed? _____
13. Are you presently retired? Yes No
with Company Benefits with Social Security Benefits \$ _____
14. Are presently unemployed? Yes No
Seeking Employment Not Seeking Employment Never Worked
Receiving Unemployment \$ _____
15. Have you been in the military? Yes No

16. Are you eligible for veteran's benefits? Yes No Veterans Number _____
17. What is your educational level? _____ Have you ever had an IEP? Yes No
 Are you presently attending school? Yes No
 If yes, name of school _____
18. Who referred you to this program? _____
19. Disability Type: Place a "1" for primary and a "2" if there is a secondary in the appropriate box below: **Sensory/Communicative Impairment:**
Physical Impairment:
Mental Impairment:
 What is your disability? _____
20. Are you receiving Services or have you received services from: (Check all that apply)
- | | | |
|-----------------------|----------------------------|---------------------------|
| Medicare # _____ | Medicaid # _____ | Other Medical Insurance |
| Muscular Dystrophy | Waiver Programs | HEAT |
| General Assistance | Unemployment Benefits | Vocational Rehabilitation |
| Food Stamps \$ _____ | M.S. Society | Weatherization |
| Shiners | TANF \$ _____ | Workman Comp. \$ _____ |
| SSDI Not an applicant | Currently allowed benefits | Denied benefits |
| Application pending | benefits discontinued | Amount Received \$ _____ |
| SSI Not an applicant | currently allowed benefits | Denied benefits |
| Application pending | benefits discontinued | Amount Received \$ _____ |
21. What is your total monthly income? \$ _____
22. Have you previously received services through a Center for Independent Living? Yes No
 If so, where? _____
23. Please select the services that will assist you in becoming more independent.

Assistive Technology Height _____ fi _____ Weight _____ @/g Manual Wheelchair Power Wheelchair Bathroom/Home Modification Ramp Hospital Bed Vehicle Modification Porch Lift Stair Glide Canes, Crutches or Walker Bathroom Aids Lift Chair Other: _____	IL Skills Training and Life Skills Training Housing Public Assistance Programs Employment Services Financial Management Nutrition/Meal Prep Household Management Personal Care Social and Communication Skills Computer Classes Self Advocacy Training Living Well with a Disability Classes Nursing Home Transition Community Based Living
Advocacy/Legal Services	Personal Assistance Services
Children's Services	Physical Restoration Services
Communication Services	Preventive Services
Counseling and Related Services	Prostheses, Orthotics and Other Appliances
Family Services	Recreational Services
Housing, Home Modifications and Shelter Services	Rehabilitation Technology Services
Mental Restoration Services	Therapeutic Treatment
Mobility Training	Transportation Services
Peer Counseling Services	Youth/Transition Services
Information and Referral	Vocational Services

The information contained in this form is true and correct to be the best of my knowledge. Permission is granted to the Independent Living Program to make whatever inquiries might be necessary to verify these statements, so that my IL Coordinator will be able to determine my eligibility for services. In applying for independent living program services, I understand there is a need to collect personal information.

I understand that consumer service record information concerning me will be kept confidential.

I understand that I have the opportunity for a timely review of any dissatisfaction with a determination made by the Ability 1st Utah staff concerning the furnishing or denial of Independent Living Services by contacting Sandra Curcio at 801-373-5044.

I understand that a Client Assistance Program Representative is available to act as my advisor and advocate, and that I may call toll free 1-800-662-9080 or Salt Lake 363-1347 to reach the Disability Law Center / Client Assistance Program (CAP), 205 North 400 West, Salt Lake City, UT 84103.

I understand that services in this program are provided without regard to sex, race, age, religion, color, or national origin according to Title VI of the Civil Rights Act, and Section 504, Rehab Act of 1973, as amended. The Independent Living Program also assures that no group of individuals will be excluded or found ineligible on the basis of type of disability.

Confidentiality Statement

I understand that what is contained in my case file, as well as, what I divulge to Ability 1st Utah staff is held in the strictest confidence **except** in the cases listed below:

1. I can expect you will divulge information to proper individuals, if I exhibit suicidal behavior or extreme suicidal ideation - i.e., if what I do or say leads you to believe, that I may take my life or otherwise harm myself.
2. I understand you have the obligation to warn the proper individuals if I exhibit tendencies to harm another individual - i.e., you will warn the person who would be harmed, or notify the proper authorities.
3. I also understand that you are mandated by law to report instances of sexual and/or physical abuse and neglect. This includes instances where I may be the victim, as well as, instances where I might be the perpetrator.
4. I also understand that it may be necessary to give information to vendors in order to obtain bids for the purpose of completing my goals.
5. Information may be shared while trying to obtain funding sources - i.e., Utah State Office of Rehabilitation, Utah Assistive Technology Foundation, Medicaid, and Medicare.
6. In case of emergency, Ability 1st Utah staff may contact:

Emergency Contact: _____ Phone: _____

I certify that I have read the above, and agree to hold Ability 1st Utah, along with its Staff and Board of Directors, harmless in such situations where the above information has been divulged to protect me or other people in my life.

Consumer/Guardian/Representative Signature

Date

Ability 1st Utah Representative

Date

Would you like to register to vote? Yes No This information will not affect your eligibility.