

**Iowa Vocational Rehabilitation Services**

INTAKE INFORMATION

Name: \_\_\_\_\_ Case #: \_\_\_\_\_

<b>Personal Information</b>	First Name: _____ Middle Name: _____ Last Name: _____ Preferred Name: _____ Maiden or Other Names Used: _____ Pronouns: <input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> Other: _____ Home Address: _____ City: _____ State: _____ Zip: _____ County: _____ Home Phone: _____ Cell Phone: _____ Primary E-Mail: _____ Secondary E-Mail: _____ Preferred Method of Communication: <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Video Relay <input type="checkbox"/> Letter May IVRS send text messages? <input type="checkbox"/> No <input type="checkbox"/> Yes Social Security Number: _____ Date of Birth: _____ Age: _____ Do you require an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language: _____
<b>Contact Information</b>	Provide information for one or two people who will be able to help us contact you. First Name: _____ Last Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ First Name: _____ Last Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____
<b>Marital Status</b>	<input type="checkbox"/> Married, including common law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married
<b>Gender Identity</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did not self identify
<b>Legal Guardian</b>	Do you have a <b>Court-appointed</b> legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, provide information below.) Name: _____ Phone: _____ E-Mail: _____ Address: _____ City: _____ State: _____ Zip: _____
<b>Military Service</b>	Have you served in the active military, naval, or air service and discharged or released under conditions other than dishonorable? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, do you have a service related disability? <input type="checkbox"/> No <input type="checkbox"/> Yes _____%
<b>Subminimum Wage</b>	Is the applicant currently working in subminimum wage employment or considering work at subminimum wage? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Voter Registration</b>	<input type="checkbox"/> Applicant registered to vote during the intake meeting. (Send registration form to the county auditor's office. Enter as 'Yes' in IRSS.) <input type="checkbox"/> Applicant declined to register (Signed refusal form is filed in the VR office. Enter as 'No' in IRSS.) <input type="checkbox"/> Applicant is ineligible to register (Enter as 'No' in IRSS.) Reason: _____
<b>Education Information</b>	If still attending, expected high school graduation date: _____ Dept. of Ed. State ID: _____ Student with a Disability (For the first three options, the applicant must be between the ages of 14 and 21 and enrolled in a recognized educational program.): <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> Other Documentation <input type="checkbox"/> Not A Student with A Disability Name and Location of High School: _____ Date Enrolled (MM/YYYY): _____



## Intake Summary Case Note

**Expectation of Service** (Include a description of why the applicant applied for services the list the services in which the individual is particularly interested.)

**Disability** (Describe the disabilities, conditions or diagnoses reported by the applicant and an explanation of how they affect the applicant's ability to work or find work. Note any observations that support limitations reported by the applicant.)

**Education/Training** (Describe the applicant's current enrollment status in secondary or post-secondary training and whether they are currently or have received Special Education services in the past (IEP or 504), and any accommodations they are using or have used in the past.)

**Employment/Interests** (Describe the applicant's employment status, where they work or have worked (or volunteered) and what jobs they have done, describe their favorite job or job duties, explain why they left past employment and whether any issues arose due to their disability. If the applicant does not have any work history, note that in this section.)

**Personal Supports** (Describe the applicant's support system including names and titles (i.e. CRP, waiver, family, doctors or therapists, case managers, and support for transportation, etc.)

**Comments** (Include any pertinent information not included above, describe the applicant's criminal history, their participation level in the intake and motivation to proceed with services, benefits planning information, and describe the transportation available to the applicant to get to and from work.)

**Next Steps** (Describe any homework assignments given to the applicant to complete while they await their eligibility decision, assignments that IVRS staff will complete, and the date, time, and location of the applicant's next appointment if one was scheduled.)