Iowa Vocational Rehabilitation Services

INTAKE INFORMATION

Name: _____ Case #: _____

Personal Information	First Name:_____ Middle Name: _____ Last Name: _____ Preferred Name:_____ Maiden or Other Names Used:_____ Pronouns: ☐ he/him ☐ she/her ☐ they/them ☐ Other:_____ Home Address:_____ City:_____ State:_____ Zip: _____ County:_____ Home Phone: _____ Cell Phone: _____ Primary E-Mail: _____ Secondary E-Mail: _____ Preferred Method of Communication: ☐ E-mail ☐ Phone ☐ Video Relay ☐ Letter May IVRS send text messages? ☐ No ☐ Yes Social Security Number: _____ Date of Birth: _____ Age: ____ Do you require an interpreter? ☐ No ☐ Yes Language: _____
Contact Information	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:_____
Marital Status	☐ Married, including common law ☐ Widowed ☐ Divorced ☐ Separated ☐ Never Married
Gender Identity	☐ Male ☐ Female ☐ Non-binary/Other ☐ Did not self identify
Legal Guardian	Do you have a **Court-appointed** legal guardian? ☐ No ☐ Yes (If Yes, provide information below.) Name: _____ Phone: _____ E-Mail: _____ Address:_____ City: _____ State: _____ Zip:_____
Military Service	Have you served in the active military, naval, or air service and discharged or released under conditions other than dishonorable? ☐ No ☐ Yes If yes, do you have a service related disability? ☐ No ☐ Yes _____%
Subminimum Wage	Is the applicant currently working in subminimum wage employment or considering work at subminimum wage? ☐ No ☐ Yes
Voter Registration	☐ Applicant registered to vote during the intake meeting. (Send registration form to the county auditor's office. Enter as 'Yes' in IRSS.) ☐ Applicant declined to register (Signed refusal form is filed in the VR office. Enter as 'No' in IRSS.) ☐ Applicant is ineligible to register (Enter as 'No' in IRSS.) Reason: _____
Education Information	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.)*: ☐ 504 Plan ☐ IEP ☐ Other Documentation ☐ Not A Student with A Disability Name and Location of High School: _____Date Enrolled (MM/YYYY): _____

Living Arrangements

☐ Private Residence ☐ Community Residential or Group Home ☐ Rehabilitation Facility
☐ Mental Health Facility ☐ Nursing Home ☐ Correctional Facility
☐ Halfway House ☐ Substance Abuse Treatment Center ☐ Homeless Shelter
☐ Other

Race
Check all that apply.

☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American
☐ Asian ☐ American Indian or Alaska Native ☐ Did not self identify

Ethnicity
Check one.

Hispanic or Latino ☐ No ☐ Yes ☐ Did not self identify

Referral Source

Who referred you to IVRS? _____

From the list below, select the description that best fits the referral source.

☐ 14(c) Certificate Holders
☐ Adult Education and Literacy Programs
☐ American Indian VR Services Program
☐ Centers for Independent Living
☐ Service Providers including CRPs *(Enter CRP Name Below)*
☐ DOL Adult, Dislocated Worker, and Youth Program
☐ Elementary/Secondary Schools
☐ Post-secondary Educational Institutions
☐ Employers
☐ Extended Employment Providers
☐ Intellectual and Developmental Disabilities Providers
☐ Managed Care Organizations (MCOs)
☐ Medical Health Provider
☐ Mental Health Provider
☐ Self-referral, friends or family
☐ Social Security Administration
☐ Temporary Assistance for Needy Families (TANF)
☐ Veteran's Benefits or Health Administration
☐ Wagner-Peyser Employment Service Program
☐ Worker's Compensation
☐ Other Sources
☐ Other AJC/Workforce Development Programs

Name of CRP (if applicable): _____

Monthly Supports
Enter whole dollar amounts next to the benefits received.

If you are receiving public support, please enter whole dollar amounts next to the benefit you receive:

Benefit	Amount	Date Benefit Began
SSDI		
SSI		
TANF		
General Assistance		
Veteran's Disability		
Worker's Compensation		
Unemployment Insurance		
Other Public Support Specify:		

What is your primary source of support?

☐ Personal Income (employment earnings, interest, dividends, rent, retirement incl. SSA retirement)
☐ Family/Friends ☐ Public Support (SSI, SSDI, TANF, etc) ☐ All Other Sources

Health Insurance Benefits
Check all that apply.

What source of health insurance do you use?

☐ Medicaid
☐ Medicare
☐ State/Federal Affordable Care Act Exchange
☐ Public Insurance from Other sources (workers' compensation, children's health insurance co., etc.)
☐ Private Insurance Through Own Employer
☐ Private Insurance Through Other Means (Health Insurance Company) _____
☐ Future Eligibility Through Own Employer
☐ No Health Insurance

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.)