Disability Rights & Resource Center
INITIAL INTAKE PROCESS

PLEASE PRINT or TYPE

Date: _____

Name: _____

Address: _____
City State **Zip**

E-Mail: _____

Phone Number: _____

Age: _____ **Best time to contact:** _____

Do you identify as an individual with a disability or a legal representative of an individual with a disability? _____ Yes _____ No

Requested Service(s):

Are you a veteran: ___ Yes ___ No

Do you rent or own your home? ___ Rent ___ Own

Are you employed: ___ Yes ___No

Are you or anyone in your household receiving benefits? _____ SSI/SSDI
Other _____