

Date: \_\_\_\_\_

## ADVOCACY INTAKE FORM



### CLIENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School District: \_\_\_\_\_ School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**ELIGIBILITY:** Current IEP: ☐ YES ☐ NO

☐ ASD ☐ CI ☐ VI ☐ PI ☐ OHI \_\_\_\_\_

☐ DB ☐ ECDD ☐ SXI ☐ SLD \_\_\_\_\_

☐ EI ☐ HI ☐ SLI ☐ TBI ☐ Other \_\_\_\_\_

### **ANNUAL HOUSEHOLD INCOME:**

☐ Less than \$15k ☐ \$15k - \$25k

☐ \$25k - \$35k ☐ \$35k - \$45k

☐ \$45 - \$55k ☐ above \$55k

Number in Household \_\_\_\_\_

### **RACE/ETHNICITY:**

- ☐ African American\* ☐ Hispanic or Latino  
☐ Asian\* ☐ Native American\*  
☐ White\* ☐ Two or more Races\*  
☐ Other \*non Hispanic or Latino

### **ADDITIONAL SERVICES:**

- ☐ Wraparound ☐ Summit Point  
☐ Family and Children's Services  
☐ FUNctional Kids ☐ Summit Pointe South  
☐ Summit Pointe Autism Center  
☐ Other \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ ☐ Parent ☐ Guardian

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Would you like to be on The Arc's mailing list? ☐ Yes ☐ No

Would you consider writing a story about your experience with The Arc? ☐ Yes ☐ No

Would you consider providing a picture of your child to The Arc for promotional material? ☐ Yes ☐ No

### ADDITIONAL POINT OF CONTACT (if applicable):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SUMMARY NOTES:

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How did you hear about The Arc? \_\_\_\_\_