



4301 Connecticut Avenue, NW, Suite # 310
Washington, DC 20008
202-448-1450

Referred via: phone fax e-mail face-to-face internal

REQUEST/INTAKE FORM

Date of Request: _____

Individual's Name: _____ Evans Class? Yes No

DOB: _____ Sex: _____ Race: _____ SS#: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: H _____ W _____ Ward: _____

REASON(S) FOR REFERRAL:

- | | |
|---|---|
| <input type="checkbox"/> Access to DDA services | <input type="checkbox"/> Access to RSA services |
| <input type="checkbox"/> Health Supports and Services | <input type="checkbox"/> Day Supports |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Relationships and Natural Supports |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Rights Protection & Promotion |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Community Integration |
| <input type="checkbox"/> Safety & Potential Risks | <input type="checkbox"/> Health Care Consent |
| <input type="checkbox"/> Education | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Support to identify Legal Representation | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Post Secondary Transition | <input type="checkbox"/> Home Community Based Services Waiver |
| <input type="checkbox"/> Community Service linkage | <input type="checkbox"/> Transportation |

COMMENTS: _____

Check which applies: ADVOCACY MONITORING LEGAL
 INFORMATION & REFERRAL FAMILY SUPPORTS

Referred by: _____

Address: _____

Relation to Applicant: _____ Contact number: _____

CHECK ALL INDIVIDUAL SUPPORTS: (☑ which applies and place contact information below)

- Court Appt. Advocate: _____
- Court Appt. Attorney: _____
- Guardian: _____
- Case Manager: _____
- Support Staff: _____
- Family Involvement: _____
- Community Involvement: _____

Assigned to: _____ Date: _____

LEGAL INTERVENTION REQUESTED? Yes No Date Requested _____