Aspire Center Intake Form

This form must be filled out in its entirety

Name of person with disability applying for support:			
Date of Birth:		Phone:	Phone:
Name of Parent/Spouse/Legal Representative if different from above:			
Family's Address:			

Potential Support Services Needed/Requested-Please check all that apply

- ☐ Life Skills Services
- ☐ Group Social Activities
- ☐ Employment Services Program
- ☐ Day Care
- ☐ Individual Counseling
- ☐ Assistance with Legal Paperwork (Guardianship, etc…)
- ☐ Respite
- ☐ Vocational Training
- ☐ Other

What type of Insurance do you (the person applying for Support) have?

- ☐ Medicaid
- ☐ Medicare
- ☐ Private Insurance
- ☐ Uninsured

Primary Disability-Check which of the following disability categories is most relevant to the person with a developmental disability as a primary diagnosis

- ☐ Autism
- ☐ Health Impairment
- ☐ Intellectual Disability
- ☐ Cerebral Palsy
- ☐ Traumatic Brain Injury
- ☐ Spinal Cord Injury
- ☐ Deaf and/or Blind
- ☐ Emotional Disturbance
- ☐ Neurological Impairment
- ☐ Orthopedic Impairment/Physical Disability
- ☐ Other Specific Learning Disabilities

Please note any specifics or other diagnoses here

Did this person's primary disability occur: ☐ Prior to age 22 ☐ After Age 22

NOTES: Please explain how the Aspire Center can assist your family. How would the applicant's daily life be improved with this assistance? Use additional sheets if necessary.

By Signing this Intake Form, I, the person applying or their legal representative, indicate that all of the information is true and accurate. Furthermore, I understand that providing invalid, inaccurate, incomplete information could be considered as fraud and may result in criminal investigation and disqualification from the program which would prevent re-application in subsequent years.

Signature of Person applying or Legal Representative **Date**

If someone other than the family/applicant is making a referral, complete section below

Name of Person making referral for Support:

Agency: Phone:

Address

ASPIRE CENTER USE ONLY

How was this information obtained (circle one): In Person ☐ By Mail ☐ By Phone ☐ Online

NOTES: