

# RRCI Youth Intake Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M:  F:  Age: \_\_\_\_

Phone: \_\_\_\_\_ Parents number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Way to Contact You: \_\_\_\_\_

Race:  White  African American  Amer. Indian  Asian/Pacific Islander

Hispanic

What are your challenges right now?

Have you ever had or been eligible for an IEP: YES NO

School attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Anything you want us to know about you?

Registered to Vote: \_\_\_\_YES \_\_\_\_NO

*Registering to vote: If you are not registered to vote where you live now, would you like to apply to register or preregister to vote here today? (This decision will not effect will not affect the amount of assistance you will receive from RRCI).*

I understand the consumer service record information is necessary to determine eligibility and, therefore, mandatory. Failure to provide requested information may result in a determination of not being eligible for Independent Living Services.

I understand that I have the opportunity for a timely review of any dissatisfaction with a determination made by my IL coordinator concerning the furnishing or denial of IL services by contacting:

I understand that a Client Assistance Program representative is available to act as my advisor and advocate, and that I may call toll free 1-800-662-9080 or in Salt Lake 801-363-1347 to reach the Disability Law Center/Client Assistance Program (CAP), 205 North 400 West, SLC, UT 84103.

I understand that services in this program are provided without regard to sex, race, age, religion, color, or national origin according to Title VI of the Civil Rights Act, and Section 504, Rehab Act of 1973, as amended. The Independent Living Program also assures that no group of individuals will be excluded or found ineligible on the basis of type of disability.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Consumer/Guardian/Representative Signature

**Check one:**

- I DO authorize permission for RRCI to use my name, picture, and/or likeness in any manner and in any media, including the RRCI website, Facebook, youth newsletters, etc.
- I DO NOT authorize permission for RRCI to use my name, picture, and/or likeness in any manner and in any media, including the RRCI website, Facebook, youth newsletters, etc.

# MY ILP (INDEPENDENT LIVING PLAN)

## THE PURPOSE OF YOUR ILP IS TO ASSIST YOU TO ACHIEVE INDEPENDENCE

You have been certified as eligible for independent living services. All services are dependent upon the availability of funding. An individual is eligible for services when it has been determined that the person has: (1) A significant physical or mental disability; (2) the presence of a significant limitation in ability to function independently in family or community; and (3) an expectation these independent living/assistive technology services will significantly assist the individual to improve or maintain his or her ability to function independently in family or community.

It is understood that this program, developed jointly by you and your CIL IL Coordinator, is subject to modification on the basis of changing circumstances and new information. If your circumstances change, this IL Plan may be modified or terminated.

I want to develop my own goals

\_\_\_\_\_ \*Consumer/representative initials

\_\_\_\_\_ \*IL coordinators initials

I waive my right to an ILP \_\_\_\_\_ \* consumer/representative initials

Things I want to learn about or accomplish (Goals):

**Goal: COMMUNITY/SOCIAL PARTICIPATION**

INIT. DATE	
ANTICI. DURA.	
COMP. DATE	

**To assist in assessing the self-care barriers currently experienced. Consumer will be taught life and transition skills to include them into mainstream society and increase their participation in social and community activities.**

**Services: (Check all that apply)**

- Counseling and Guidance: Provide counseling and guidance
- Information and Referral: Refer to appropriate programs
- Youth Services: assist those consumers in school, ages 14-22, with social and life skills needs from high school to work, or post-high, develop advocacy skills, self-esteem, and the exploration of career options.
- Children Services: Services intended to help those under 14 years of age in locating assistive technology, early intervention services, and respite care.
- Recreational Services: Involve consumer in meaningful leisure time activities.

**ANNUAL REVIEW: It is understood that every 12 months there will be a review of this plan. At that time, you will have the opportunity to redevelop terms of your plan with your coordinator.**

**Anticipated Date of Next Review:** \_\_\_\_\_

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### Consumer's Understanding of ILP

\_\_\_\_\_  
Consumer/Rep Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CIL IL Coordinator's Signature

\_\_\_\_\_  
Date