



INTAKE QUESTIONNAIRE

State Form 55538 (3-14)
FAMILY AND SOCIAL SERVICES ADMINISTRATION

Please complete the DHHS IIP intake form first. All questions must be answered and completed by the Case Manager.

Name of consumer	Date (month, day, year)
Method of intake <input type="checkbox"/> Walk-in <input type="checkbox"/> Videophone <input type="checkbox"/> Other: _____	
Consumer's requested services	
Case Manager's observations	

GENERAL ABILITIES	FUNCTIONAL LEVEL				NOTES
	Dependent	Needs assistance	Independent	Not Applicable	
Vocational (ability to use job-searching skills, job-oriented skills, employment resources, Vocational Rehabilitation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Living Situation (family stress, rooming issues, family crisis, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal Assistance (obtaining the pro-bono services for housing, welfare, social, job discrimination / employment, economic, disability, benefits, immigration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation (ability to use public transportation, taxi, special fares, application form, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assistive Technology (visual alerting devices – doorbell, fire alarm, phone flasher, videophone, phone with amplifier, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interpersonal Skills (ability to communicate, able to use problem-solving skills, facial and/or body language expressions, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decision-Making Skills (use judgment; logistics; personal experiences, attitudes, and perceptive; problem analysis; possible consequences; priority of choices; able to diffuse conflict disputes; intellectual / mental process of understanding and reasoning in knowledge; etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resource Needs (how to access services community for food, housing, job opportunities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Access (obtain interpreting / CART services, know their rights for communication accommodations, able to self-advocate for effective communication accommodation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housing Needs (apply for low-cost housing assistance, understand the rent based on his/her incomes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance (understand his/her insurance coverage, prescription coverage, premiums, required spend-down fees, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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GENERAL ABILITIES	FUNCTIONAL LEVEL				NOTES
	Dependent	Needs assistance	Independent	Not Applicable	
Communication barrier (alternative methods for communication such as paper / pen; I-Pads – Dragon Dictation, Text to Text, etc.; Video Relay Services, gestures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Support System (reliable support from family members, friends, colleagues, professionals for his/her survival or growth, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trauma* (understand the reason and/or symptoms why you become upset or angry, able to get help managing daily life issues by using medicines, counseling, or support group, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-advocacy and interact into the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Care (ability to find resources for your children to be placed for childcare before you become "employed", and able to evaluate your child if he/she is ready to be home alone – basic agreement, safety issues, necessary information, and safety hints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Disabilities (by birth or accident later in adult life, get familiar what you or your children have and be able to get resources for advocacy for any kind of accommodation, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* Characteristics of the trauma experience (sexual abuse, physical abuse, emotional abuse, medical trauma, natural disaster, witness to family violence, community violence or criminal actions)

LEVEL OF FUNCTIONING – ABILITY TO PERFORM BASIC LIVING SKILLS (if applicable)	DOES THE CONSUMER NEED ASSISTANCE?	TYPE OF ASSISTANCE NEEDED	SOURCE OF ASSISTANCE RECEIVED
House Cleaning – Follow daily routine (vacuuming, cleaning common areas, emptying trash containers)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Self-Care – Ability to take care of personal health and/or hygiene; stay healthy and mentally fit by eating well and exercise, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Household Maintenance (unclogging toilet, changing light bulbs, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nutritional Skills – Familiarize with basic food needs, able to read the basic nutritional facts shown on the box, know the difference between junk and healthy foods, and familiar with a balanced meal plan, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Laundry – Ability to use the washing machine, using right detergent, folding and putting clothes away, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grocery Shopping – Make a weekly menu, list ingredients that you verified need to purchase, create grocery list (produce, bakery, canned goods, cereals, meats, dairy, frozen foods, beverages, and snacks), use coupon, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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LEVEL OF FUNCTIONING – ABILITY TO PERFORM BASIC LIVING SKILLS (if applicable)	DOES THE CONSUMER NEED ASSISTANCE?	TYPE OF ASSISTANCE NEEDED	SOURCE OF ASSISTANCE RECEIVED
Medication Management – Ability to identify medications and purpose, organize medication for daily use, contact doctor for refills or follow-up appointment if necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Money Management – Maintains checking / savings accounts, manages monies – i.e., counting monies, make changes, purchase responsibly – i.e., paying monthly bills and large purchases, evaluates cost of services (banking, bills, credit cards, and loan) etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone Communication – Able to use phone, TTY, VP: Point-to-Point, VRS, Cap-Tel, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

INCOME / EARNINGS	STATUS (check one)	AMOUNT	INSURANCE	
Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$	<i>Please check one or more if you have:</i>	
SSD	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$		
SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$		Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Food Stamps (SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$		Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$		Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$		Self: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
VA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$		Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Housing Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$		
Utility Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$		None: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$		
Total		\$		

Create for POA (Plan of Action)

- Community** – Use of public transportation, videophone service, available resources in the community, personal identification awareness, housing, how to use interpreting service, job search opportunities, Driver's Education course, retirement, obtaining documentation verification such as birth certificate, etc.
- Health** – Dental, medical issues, medical equipment, and nutritional needs related to medical care, family planning, cancer / diseases, aging, emergency services, death or life-changing situations, etc.
- Home** – Personal/hygiene care, ADL (Activities of Daily Living), banking, budgeting, shopping, grocery shopping, clothing needs, laundry, household cleaning, financial needs, mobility, housing, deaf-related devices, etc.
- Social Service** – Insurance (car, home, health), legal, employment, school, Social Security benefits, Medicaid / Medicare, advocacy, BMV, Vocational Rehabilitation Services, Unemployment Benefits (Department of Workforce Development), etc.
- Social Skills** – Coping skills, anger, communication breakdown, lack of communication, limited MLS (minimum language skill), conflict with employer or family member, poor boundary issues, e-mail etiquette, etc.

Consumers requiring one (1) time service: be sure to complete service and close case, and document why it is a one (1) time service.