Family Support Intake Form

The Arc
Williamson County

Date: _____ **2018-2019**

Name of Family Member with a Severe or Developmental Disability _____

Social Security # _____ Date of Birth _____

Name of Primary Family Member(s) (if different than above) _____

Family's Address _____ Phone _____

_____ Phone _____

County _____ Email Address _____

Reason for Referral to Family Support (include information on the impact of disability on family)

Primary Disability – Check which of the following major disability categories is most relevant to the family member with a severe disability as a primary diagnosis:

☐ Autism
☐ Cerebral Palsy
☐ Deaf and/or Blind
☐ Health Impairment
☐ Traumatic Brain Injury
☐ Other
☐ Intellectual Disability
☐ Neurological Impairment
☐ Orthopedic Impairment/ Physical Disability
☐Spinal Cord Injury
☐ Developmental Delay (Birth - 8 yr.)

When did the person's primary disability occur?

☐ Prior to age 22
☐ At age 22 or after

To comply with Title VI the following information is requested:

☐ Caucasian ☐ African-American ☐ Hispanic ☐ Asian ☐ Other

☐ Female ☐ Male

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Potential Support Services Needed/Requested (Check services needed):

☐ Before/After Care	☐ Home Modifications	☐Specialized Equip. & Repair/Maintenance	☐ Recreation/Summer Camp
☐ Behavior Services	☐ Home Maker Services	☐Specialized Nutrition/Cloth/Supplies	☐ Vehicle Modifications
☐ Day Care	☐ Nursing/Nurses Aide	☐ Training	☐ Other: _____
☐ Emergency Living Expenses	☐ Personal Assistance	☐ Transportation	☐ Other: _____
☐ Family Counseling	☐ Respite	☐ Health Related	☐ Other: _____

What other service(s) does the applicant or family members receive? (Check all that apply):

☐ Adoption Assistance	☐ Medicaid	☐ Residential Services	☐ TennCare
☐ CHOICES Waiver	☐ Medicare	☐ Social Security Income	☐ Vocational Rehabilitation
☐ DIDD Waivers	☐ Nursing Services	☐ Social Security Disability Income	☐ PACE
☐ Food Stamps	☐ OPTIONS Program	☐ Supported Living	☐ ECF Choices Waiver
☐ Foster Care	☐ Private Insurance	☐ Tenn. Early Intervention System	☐ Other: _____

Is there any other information you would like for us to know at this time?

_____

_____

_____

_____

Name of Person Completing Form: _____

Would you also like to sign up for a complimentary ARC membership for 2018-19? ☐ Yes ☐ No

By signing and dating this Intake Form, I, the person supported or legal representative, indicate that all of the information above is correct.

_____ _____

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

Return to:
The Arc Williamson County
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Franklin, TN 37064
615-790-5815, ext. 3
615-790-5891 fax
sbbarc@thearcwc.org