



Advocacy Intake Form

Date: _____

Client Information:

First Name: _____ Last Name: _____

- Male
- Female

Date of Birth: _____ Age: _____

School District: _____ School Name: _____ Grade: _____

Eligibility: Current IEP Yes No

- ASD CI VI PI
- DB ECCD SXI TBI
- EI HI SLI
- OHI: _____
- SLD: _____
- Other: _____

Additional Services:

- Wraparound Summit Pointe Autism Center
- FUNctional Kids Family and Children's Services
- Summit Pointe Summit Pointe South
- Other: _____

Race/Ethnicity:

- African American* Hispanic or Latino
- Asian* Native American*
- White* Two or more races*
- Other: _____

Annual Household Income:

- Less than \$15k \$15k - \$25k
- \$25k - \$35k \$35k - \$45k
- \$45k - \$55k Above \$55k
- Number in Household: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____

- Parent
- Guardian

Address: _____ City, State, Zip: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

- Would you like to be added to The Arc's mailing list? Yes No
- Would you consider writing a story about your experience with The Arc? Yes No
- Would you consider providing a picture of your child to The Arc for promotional material? Yes No
- How did you hear about The Arc? _____

Additional Point of Contact:

First Name: _____ Last Name: _____ Title: _____

Agency: _____ Phone Number: _____ Email: _____

Summary Notes:
