

Date: \_\_\_\_\_

# Advocacy Intake Form

## 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: