State of Alabama
Client Assistance Program
Intake Work Sheet

Intake Date:_____ Second Case this Fiscal Year?_____
Consumer's Advocate:_____ Case #:_____
Name:_____
Address:_____
_____
City State Zip
SSN:_____ DOB:_____ County:_____

_____ _____ _____ _____
Primary Phone Cell Phone Fax Email

Disability

__Acquired Brain Injury
__ADD/ADHD
__AIDS/HIV
__Amputations or Absence of Extremities
__Arthritis or Rheumatism
__Anxiety Disorder
__Autism Spectrum Disorder
__Autoimmune or Immune Deficiencies (excluding AIDS/HIV)
__Blindness (Both Eyes)
__Other Visual Impairments (Not Blind)
__Cancer
__Cerebral Palsy
__Deafness
__Hard of Hearing/Impaired (Not Deaf)
__Deaf-Blind
__Diabetes
__Digestive Disorders
__Epilepsy
__Specific Learning Disabilities (SLD)
__Speech Impairments
__Spina Bifida
__Heart & Other Circulatory Conditions
__Intellectual Disability
__Mental Illness
__Multiple Sclerosis
__Muscular Dystrophy
__Muscular/Skeletal Impairment
__Neurological Disorders/Impairment
__Orthopedic Impairments
__Personality Disorders
__Respiratory Disorders/Impairment
__Skin Conditions
__Substance Abuse (Alcohol or Drugs)
__Other Disability

Race/Ethnicity

_Hispanic/Latino of any race
_Latino only (non-Hispanic)
_American Indian or Alaskan Native
_Asian
_Black or African American
_Native Hawaiian or Other Pacific Islander
_White
_Two or more races
_Race/Ethnicity Unknown

Counselor Name:

Supervisor Name:

Facility Name:

Problem Information

Problem Areas

(Multiple responses permitted)

__ Individual requests information
__Communication problems between individual and VR counselor
__Conflict about VR services to be provided
__Related to VR application/eligibility process
__Related to assignment to order of selection priority category
__Related to IPE development/implementation
  __Selection of vendors for provision of VR Services
  __Selection of training services, including postsecondary education
  __Selection of employment outcome
  __Transition services
__Related to independent living services
__Other Rehabilitation Act-related problems
__Non Rehabilitation Act related
  __TANF
  __SSI/SSDI
  __Housing
  __Other:_____
__Related to Title I of the ADA

Concern Explanation

_____
_____
_____
_____

Assistance Objective

Report the stated concern to the consumer's rehabilitation counselor and if warranted or necessary, help work out a mutually acceptable solution.

Additional Information

__Applicant of VR
__Individual eligible for VR services currently on a wait list
__Individual eligible for VR services not currently on a wait list
__Applicant or individual eligible for Independent Living
__Transition student/High school student
__All other applicants or individuals eligible for other programs or projects funded under the Rehabilitation Act

Designated Agency

__Internal to the State VR agency
__External-other public agency
__External-Protection and Advocacy agency
__External-other nonprofit agency
__External-all other private agencies

Name of Designate Agency_____
Is the designated agency contracting CAP services? Yes/No
If yes, name of contracting agency_____