

## NEW CHAPTER RESIDENCE — RESIDENT ELIGIBILITY & INTAKE FORM

In order to document that you are eligible for New Chapter Residence services, please complete the following:

### 1. My primary disability is:

Cognitive  
Mental/Emotional  
Physical  
Hearing  
Vision  
Multiple Disabilities  
Other

### 2. My disability(ies) substantially limit me in the following areas:

Self-Care  
Mobility  
Education  
Employment  
Housing  
Other

Type your disability here: \_\_\_\_\_

## RESIDENT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

**ALTERNATIVE CONTACT INFORMATION**

Alternative Contact First Name: \_\_\_\_\_

Alternative Contact Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

(Used for reporting purposes. Not required to receive services.)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male / Female

Ethnicity:

Hispanic/Latino

Other

Race:

American Indian/Alaskan Native

Asian

Black or African American

White

Native Hawaiian/Pacific Islander

Two or more races

Unknown

Marital Status:

Single

Married

Divorced

Widowed

Unknown

Housing Status:

Assisted Living

Dependent – Family/Friends

Homeless

Independent

Institution

Other

Rent – Subsidized

Rent – Unsubsidized

Employment Status:

Unemployed

Sheltered

Supported

Transitional

Internship

Part-time

Full-time

Retired

Unemployed – Seeking Employment

Contact Method:

Standard

Large Print

Braille

Audio

TTY

Email (Standard)

Email (Large Print)

Registered Voter: Yes / No / N/A

**Income Level:**

0–5000

5001–10000

10001–20000

20001–30000

30001–40000

40001–50000

50001–60000

Over 60000

**Income Source:**

Child Support

Employed

Investment Income

Railroad Pension

Rental Income

Retirement Pension

SSI / SSDI

Social Security

Veteran's Pension

Other: \_\_\_\_\_

Are you or an immediate family member a veteran?

Yes / No

If yes, who? \_\_\_\_\_

**Referral Source:**

Self

ADSD

VR

Other: \_\_\_\_\_

**Currently Receiving:**

Medicaid

Medicare

Veteran's Benefits

Private Insurance

**SERVICES REQUESTED (Check all that apply)**

Advocacy / Legal Services

Assistive Technology

Children's Services

Communication Services

Counseling & Related Services

Family Services

Housing & Home Modification Services

IL Skills & Life Skills Training

Information & Referral

Mobility Training

Peer Counseling

Personal Assistance Services

Physical Restoration Services

Preventive Services

Prosthetics / Orthotics

Recreational Services

Rehabilitation Technology

Therapeutic Treatment

Transportation

Vocational Services

Youth / Transition Services

Other: \_\_\_\_\_