

Intake Form

1.

Name of client:

Date of birth:

Age:

Client's SSN#:

Place of birth:

Mother's maiden name:

Occupation:

2.

Name of responsible party:

Place of birth:

Age:

SSN#:

Date of Birth:

Occupation:

Relation to client:

3.

Primary Phone:

Client's Address:

Primary Email:

Mailing Address:

(If different from client's)

Secondary Phone:

Secondary Email:

4. Is the client currently enrolled in school?

Yes

No

School name:

Phone:

Grade:

Address:

5. Does the client have or has the client ever had an IEP? Yes No

Date of most recent IEP:

Date of upcoming IEP:

6. Is the client a client of a Regional Center?

Yes

No

Phone number:

Name of the center:

Date of most recent IPP:

Name of service coordinator:

Address:

7. Have you ever had an attorney before?

Yes

No

Name:

Address:

8. How did you hear about our law firm?

9. Are you applying for SSI?

Yes

No

If yes complete page 2

If you answer no to all go to page 5.

10. Are you applying for or do you have a problem with IHSS?

Yes

No

If yes complete page 3

11. Are you seeking guardianship, power of attorney, conservatorship?

Yes

No

If yes complete page 4

12. Are you having an issue with SSI overpayment?

Yes

No

If yes complete page 2

a.) Are you receiving SSI but are unhappy with the amount? Yes No b.) Number of times applied:

c.) Date of denial: d.) If receiving what is the amount:

e.) Have you ever received SSI before? Yes No f.) Date of last payment:

g.) Are you having an issue with SSI overpayment? Yes No What is the amount you owe:

Further explain the issue here:

10. (cont.)

- a.) Are you also interested in Protective Supervision? Yes No b.) Do you currently receive hours? Yes No
- c.) How many: d.) Are these hours enough? Yes No Have you ever applied before? Yes No
- e.) Date of denial:
- f.) Have you applied for Protective Supervision before and been denied? Yes No
- g.) Date of denial:

Further explain the issue in the following space:

10. (cont.)

- a.) Are you already a or do you already have? Guardianship Power of Attorney Conservatorship None
- b.) If not which are you seeking? Guardianship Power of Attorney Conservatorship
- c.) Have you applied before an been denied? Yes No d.) Date of denial:

Further explain the issue in the following space:

If your legal issue is not covered on any other page please explain it here: