**LIFE Employment Solutions Intake**

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

Staff Accepting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Via: Phone, Fax, in Person, Mail, E-mail

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

First Middle Last

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

Street City/State Zip County

Primary Phone (cell/home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone (cell/home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender M/F DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability on Record\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Onset Date of Disability\_\_\_\_\_\_\_\_\_\_ Referring Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caseworker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SSA Office** \_\_\_\_\_\_\_\_\_\_\_\_ Income/Source SSI Amt.\_\_\_\_\_\_\_\_\_\_ SSDI Amt. \_\_\_\_\_\_\_\_\_\_ CDB Amt. \_\_\_\_\_\_\_\_\_\_ DWBAmt.\_\_\_\_\_\_\_\_\_\_\_\_

Other Income Amt. Private Pen.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alimony\_\_\_\_\_\_\_\_\_\_\_\_\_Unemployment\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work comp.\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Arrangements: Single Married Widowed Divorced Separated **DO YOU HAVE:** Printer Scanner Computer (not phone)

**Have you set up accounts:** *my*SocialSecurity OR *my*Medicare

Children Under age 18? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spousal Income\_\_\_\_\_\_\_\_\_\_\_\_ Children’s Benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dependents on Benefits of Beneficiaries Work Record\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently Working-** No **/**PT/FT Hrs. Worked\_\_\_\_\_\_ Rate of pay \_\_\_\_\_\_\_\_\_ Education- GED/HS Diploma/ College Hours/ Degree

**Ind. Living:**  Y/N Dependent with Family and Friends: Y/N Assisted Living: Y/N Residential Care Facility: Level 1 / Level 2

Ever worked with any CIL? Y/N CIL Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance: **Medicaid** Y/N #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spenddown Amt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TWHA PREMIUM $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare Part A\_\_\_\_\_\_\_\_\_\_Part B \_\_\_\_\_\_\_\_\_\_Part D-RX Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Eligible for Subsidy?** Yes / No \_\_\_\_\_\_\_\_

(Low Income Extra Help for RX Coverage)

**Medicare B premium paid for by:** Self **/** QMB program **/** SLMB Program TTW Assigned? YES / NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Private Insurance:** YES/NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **#** RX \_\_\_\_\_\_\_\_\_\_ **Transportation:** Yes/No Repairs? Yes/No

**PASS Plan Needs** Y/N -Date Active\_\_\_\_\_\_\_

**Veteran Benefits:** Compensation or Pension Cash Amt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Benefits: \_\_\_\_\_\_\_\_\_\_\_\_ Registered Voter: YES / NO

**Food Stamp** Amt. \_\_\_\_\_\_ TANF Amt \_\_\_\_\_\_ Blind Pension \_\_\_\_\_\_ SAB\_\_\_\_\_ Suppl. N.H. Grant Amt \_\_\_\_\_\_Vendor Eligible: YES / NO

DFS Caseworker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subsidized Housing:** Y/N Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt. You Pay \_\_\_\_\_\_\_\_\_\_\_\_ Total Rent /Mortgage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voc. Rehab. Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RSB Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept. of Mental Health Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rep. Payee/Guardian/Public Administrator**: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been convicted of a felony?**  Y/N Type of Conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility Statement: The above participant is eligible/ineligible for LIFE Inc. Center Services because of the following disabilities:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Rate of Pay $\_\_\_\_\_\_\_\_\_/ hour Expected Number of Hours Weekly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Notes/Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Rev 1/4/2023*