WASHINGTON
MULTICULTURAL
SERVICES LINK

Client Intake Form

Date (MM/DD/YY)

Applicant's Personal Information

First | Middle | Last

DOB | Gender | SSN

Address

City | State. | ZIP Code

May text for appointment? ☐Yes ☐ No

Medicaid: ☐Yes ☐ No

Medicare: ☐Yes ☐ No

Insurance Identification Number

Marital Status

Parent/Guardian's Name

Ethnicity/Race

Need Interpreter? ☐Yes ☐ No

Primary Language

What language? ______________________

Family Income Status: ____

WASHINGTON MULTICULTURAL SERVICES LINK

Declared Disability (check all that apply and specify if requested)

- ☐ Autism Spectrum Disorder (ASD)
- ☐ Intellectual Disability
- ☐ Emotional Disturbance
- ☐ Learning Disability
- ☐ Down Syndrome
- ☐ Deafness
- ☐ Blindness
- ☐ Physical Disabilities
- ☐ Developmental Delay
- ☐ Multiple Disabilities
- ☐ Speech or Language Impairment
- ☐ Health Impairment
- ☐ Visual Impairment, Including blindness
- ☐ Hearing Impairment
- ☐ Orthopedic Impairment
- ☐ Other Health Impairment

Navigating Services (The individual may be eligible for by age appropriate)

Area of Support	Receiving Support?	Need Support?	If marked yes, please describe the concern
Early Intervention	☐Yes ☐No	☐Yes ☐No	
Child Find	☐Yes ☐No	☐Yes ☐No	
IEP/504	☐Yes ☐No	☐Yes ☐No	
ABA	☐Yes ☐No	☐Yes ☐No	
SSI	☐Yes ☐No	☐Yes ☐No	
DDA	☐Yes ☐No	☐Yes ☐No	
Assistive Technology	☐Yes ☐No	☐Yes ☐No	
Ben’s Fund	☐Yes ☐No	☐Yes ☐No	
Mental Health Services	☐Yes ☐No	☐Yes ☐No	
DVR	☐Yes ☐No	☐Yes ☐No	
School 2 Work	☐Yes ☐No	☐Yes ☐No	
Mental Health Services	☐Yes ☐No	☐Yes ☐No	
Guardianship	☐Yes ☐No	☐Yes ☐No	
Outpatient	☐Yes ☐No	☐Yes ☐No	

WASHINGTON MULTICULTURAL SERVICES LINK

Medical Supplies	☐Yes ☐No	☐Yes ☐No	
Therapy	☐Yes ☐No	☐Yes ☐No	
Access Transportation	☐Yes ☐No	☐Yes ☐No	
Others	☐Yes ☐No	☐Yes ☐No	

Parent / Guardian's Information

First Name ______ Middle Name ______ Last Name ______

Address ______

Phone ______ Email ______ Relationship to Applicant ______

May text for appointment? ☐Yes ☐ No

Applicant's signature ______ Date ______

Parent/Guardian's signature (if applicable) ______ Date ______

Staff Name ______ Position ______

Signature ______ Date ______