

INTAKE FORM

ASSISTIVE TECHNOLOGY UNIT
 INSTITUTE OF DISABILITY & HUMAN DEVELOPMENT
 UNIVERSITY OF ILLINOIS AT CHICAGO (M/C 726)
 1640 W ROOSEVELT RD, ROOM 415
 CHICAGO, IL 60608
 312-413-1555 (VOICE) 312-413-3709 (FAX)

CLIENT INFORMATION

First Name	Last Name
Street	
City, State, Zip	
Telephone Number	
()	
Gender (circle one)	Disability
Female Male	
Birth date	Social Security No
Contact person	Ethnicity

REFERRAL SOURCE

Referral Name
Agency
Street
City, State, Zip
Telephone Number
()
FAX Number
()
Email address

TYPE OF ASSISTIVE TECHNOLOGY EVALUATION REQUESTED

PLEASE SPECIFY:

	ADL	ACTIVITIES OF DAILY LIVING	
	AE	ADAPTIVE EQUIPMENT	
	AAC	AUGMENTATIVE COMMUNICATION	
	CA	COMPUTER ACCESS	
	ECU	ENVIRONMENTAL CONTROL UNIT	
	HM	HOME MODIFICATION	
	M-M	MOBILITY - MANUAL	
	M-P	MOBILITY - POWERED	
	STG	SEATING	
	WSM	WORKSITE MODIFICATION	

FUNDING: who will provide funding for the assistive technology services?

EVALUATION (circle one)	DRS-HS DRS-VR DHS-DD Insurance	Client ID #:
IMPLEMENTATION (circle one)	DRS-HS DRS -VR DHS-DD Insurance	Client ID #: