Intake Sheet

Name: ____

First (required) Middle Initial Last (required)

Address: ____

City: ________________ State: TN Zip code: ___________County: ______________

Email: ____

Telephone: Home: ______________________ Cell: ___________________

Ethnic Origin: Hispanic/Latino_______ Other______ Race: _______________

Sex: Male ___ Female ____ Other_______ DOB: _____________

Do you have a disability? □ YES □ NO

Are you in the process of transitioning from a facility? □ YES □ NO

Do you need any of the following accommodations?

Braille Print □ YES □ NO Digital Format □ YES □ NO

Large Print □ YES □ NO Interpreter Services □ YES □ NO

Do you have a legal guardian or power of attorney (POA)? □ YES □ NO

Guardian or POA Name:

____

Address: ____

____Phone: _____________________

Veteran: ____ Disability Service Connected? _______ Date of Service: ____________

Education: __________________________________ Vocation: _________________

Previous Rehabilitation Services (PT, Voc Rehab, etc…): ________________________

Other Agencies Currently Involved:

- Home Health
- LIHEAP
- SNAP
- Mental Health Services
- State Program for Blind/Visually Impaired
- State Program for Deaf/Hard of Hearing

Revised April 2020

Consumer Eligibility Form

I, ____, have the following significant disability(ies):

Please mark any applicable:

Self-Identifies ______ Mental/Emotional _______ Physical_______ Hearing ____

Vision _________ Multiple Disabilities ______ Cognitive__________

Primary Disability: ____

Secondary Disability: ____

Additional Comments: ____

My disability(ies) substantially limit me from functioning independently in the following area (s):

_____ Self-Care _______ Mobility _____ Education

_____ Employment _______ Housing _____ Other (specify)

Other: ____

The services I am requesting will help me: (Please check all that apply)

____ Improve my ability to function in my family or community.

____ Maintain my ability to function in my family or community.

____ Obtain, maintain or advance in employment.

____ ________________

Consumer Signature Date

____

ILS Signature Date

Client Rights

T.A.R.P.'s number one goal is to partner with you to help maintain or increase your independence. In the event of being dissatisfied with any decisions concerning the delivery or denial of services, you have the right to appeal the decisions of the IL Specialist in accordance with T.A.R.P.'s policy for Grievance for Consumer and Community Members. Furthermore, you have the right to discuss any questions or problems with the Client Assistance Program (CAP).

Disability Rights TN 1-800-342-1660 (TTY) 1-888-852-2852

www.disabilityrightstn.org gethelp@disabilityrightstn.org

I have received the CAP Information. _______________ (Consumer Initials)

____ __________________

Consumer Signature or Representative Signature Date

Approval or Waiver of Independent Living Plan

Approval of ILP

I have received an explanation of T.A.R.P. CIL Independent Living (IL) services and the option to waive the development of an Independent Living Plan (ILP). The goals contained in this ILP are my goals which I have created with my ILS.

I have chosen this option. ________________________ (Consumer Initials)

Waiver of ILP

I have received an explanation of T.A.R.P. CIL Independent Living (IL) services and the option to waive the development of an Independent Living Plan (ILP). At this time, I am voluntarily waiving my right to establish an ILP and reserve the right to create one at a later date.

____

Consumer/Representative Signature Date

____

ILS Signature Date

T.A.R.P. Center for Independent Living

Permission to Release/Receive Information

I, ____ (Consumer's Name)

give T.A.R.P. CIL permission to contact:

____

for the purpose or releasing____ or receiving information_____

Information allowed to be shared: ____

The only information released or received will be regarding the Independent Living Services the consumer has requested.

The release of this information is in effect until expiration date 1 year after date signed.

I understand that this information will:

- □ Be kept confidential.
- □ Will not be discussed or released to anyone, other than who is listed on the release.

I,____________________________________ give permission for TARP Center for Independent living funders to review and audit my file as necessary.

Grievance & Conciliation Procedure

If a consumer meets any action, occurrence or attitude, either expressed or implied, by a staff, that the consumer perceives as unfair or inequitable, he/she is expected to discuss it with the staff person involved.

If that does not resolve the issue, the consumer may appeal in writing to the Executive Director, T.A.R.P. Center for Independent Living (T.A.R.P. CIL), 1027 Mineral Wells Ave. Suite 7, Paris, TN 38242. The Executive Director will meet with the consumer and respond to the appeal within seven (7) business days.

If not satisfied, you may appeal in writing within (5) business days to the Board of Directors, T.A.R.P. Inc, 1027 Mineral Wells Ave. Suite 7, Paris, TN 38242. A hearing will be held, and the Board of Directors will respond to you within (10) business days.

Consumers may engage, at their own expense, a lawyer or other agent to represent them during the appeals process. Contacts to aid consumers are available in the state of Tennessee through:

T.A.R.P CIL – Major Goals and Independent Living Plan

Consumer Name: ________________________________ Date Started: _______________

Short Term Goal: ____

____

Long Term Goal: ____

Method: (*the steps the consumer will take in order to achieve their goal*).

1) ____
____

2) ____
____

3) ____
____

4) ____
____

I was directly involved in the development of this Independent Living Plan and agree to participate in these services. I understand that I am not legally bound as a contract but I affirm that I am committed to work toward achieving these goals and hope to achieve the first goal by: DATE:___________________________.

____ _________________

Consumer Signature Date

____ _________________

ILS Signature Date

SIGNED COPY OF GOAL SHEET MUST GO HOME WITH CONSUMER