

# INTAKE FORM

S.T.A.R

Short Term Assistance & Referral



## Basic Demographic, Background, and Contact Information:

Name:	Date of Birth:	Phone #: (    )
Address:	City:	Zip Code:
Email Address:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Currently receiving services through the Arc of Shelby County? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Race:
If yes, what services are being received? <input type="checkbox"/> Early Intervention <input type="checkbox"/> Employment Services <input type="checkbox"/> Project Search <input type="checkbox"/> Other: _____		
Parent/Alternate Contact:	Phone #: (    )	

## Reason for Referral: *Please check all that apply*

<input type="checkbox"/> Medical/Health	<input type="checkbox"/> Financial	<input type="checkbox"/> EI Referral/ Follow up
<input type="checkbox"/> Safety Concerns	<input type="checkbox"/> Housing	<input type="checkbox"/> Child Care
<input type="checkbox"/> Behavioral/Emotional	<input type="checkbox"/> Clothing Assistance	<input type="checkbox"/> Educational
<input type="checkbox"/> Environmental	<input type="checkbox"/> Food Assistance	<input type="checkbox"/> Public Education
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Transportation	<input type="checkbox"/> Adult Day Services
<input type="checkbox"/> Community Inclusion	<input type="checkbox"/> Other:	

**Briefly describe current concerns:**

## Referral Source:

Name of Referral Source:	Date Submitted:
Referral Source Phone #:	

**The Arc of Shelby County**  
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[www.TheArcOfShelby.org](http://www.TheArcOfShelby.org)

