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: ☐ Male ☐ Female
Currently receiving services through the Arc of Shelby County? ☐ Yes ☐ No		Primary Race:
If yes, what services are being received? ☐ Early Intervention ☐ Employment Services ☐ Project Search ☐ Other:_____		
Parent/Alternate Contact:		Phone #: ( )

Reason for Referral: *Please check all that apply*

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

Briefly describe current concerns:

Referral Source:

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

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