



# DAC Client Intake and Participation Agreement

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_ Legal Guardianship? Yes/No \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

Teacher \_\_\_\_\_ Do you have and IEP? \_\_\_\_\_ 504 Plan? \_\_\_\_\_

Race (Circle all that apply)  
Indian or Alaska Native  
Asian  
Black or African American  
Hawaiian or Pacific Islander  
White

Are you receiving Title 19 IDD Waiver Services? \_\_\_\_\_  
Who is your Title 19 IDD Waiver Provider? \_\_\_\_\_  
Are you on the wait list for Title 19 IDD Waiver? \_\_\_\_\_

Do you have a disability? If yes, Please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Will you need special accommodations to participate in our programs? \_\_\_\_\_  
\_\_\_\_\_

Are you receiving Social Security (SSI/SSDI)? \_\_\_\_\_ Amount \_\_\_\_\_

Are you currently working with any other agencies? If Yes, Please name \_\_\_\_\_  
\_\_\_\_\_

What services or programs are you looking for from the Disability Action Center? \_\_\_\_\_  
\_\_\_\_\_

## Emergency and Medical Information

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Do you have special medication conditions or are you taking medication the DAC should know about? Please Explain. \_\_\_\_\_

**Employment Information (Please include volunteer positions)**

1. Employer \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date of Employment \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Hours Worked per Week \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

2. Employer \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date of Employment \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Hours Worked per Week \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

**Participation Agreement**

1. By participating in programs of the Disability Action Center, I understand that information gathered and shared with staff, volunteers, and Board members is kept confidential unless deemed a safety issue to myself or others unless I give my consent to share the information via the Consent for Release of Information \_\_\_\_\_
2. I understand that my participation in Disability Action Center activities and programs is voluntary and there is no penalty or consequence for discontinuing participation at any time during the programs \_\_\_\_\_
3. I understand that the Disability Action Center will not be responsible for injury, accident, loss or damage of property, or other liabilities that are of no direct responsibility of the center, our staff, volunteers, or Board members \_\_\_\_\_
4. I understand that by participating in programs and activities of the Disability Action Center I may travel in vehicles with DAC staff, volunteers, or Board members, and the aforementioned are not responsible for injury, damage to property, or accident that occurs while providing me transportation \_\_\_\_\_
5. I understand that the Disability Action Center documents the programs and activities in a photographic and media archive wherein my photograph may be used in brochures, websites, social networking sites, promotional materials, and other print materials \_\_\_\_\_
6. I understand that I must adhere to the Disability Action Center Code of Conduct while participating in DAC activities and programs \_\_\_\_\_

By initialing above and signing below I understand the DAC Participation Agreement

Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_