

# CIL Jacksonville

Consumer Intake Form (downloaded from website)

Thank you for choosing CIL Jacksonville to provide you with support in achieving your independent living goal. To begin services, this intake form must be completed and returned to us. Fields with a red asterisk (\*) are required. For alternate formats of this form or assistance, please contact us by phone 904-399-8484 or email [info@CILJacksonville.org](mailto:info@CILJacksonville.org).

1. Full Name: \* \_\_\_\_\_ 2. Preferred Name: \_\_\_\_\_

3. Primary Phone Number: \* \_\_\_\_\_ 4. Other Phone Number: \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Physical Address \* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Mailing Address (leave blank if same as above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Preferred Method of Contact: \* (select one)

- ☐ Standard Mail Email
- ☐ Phone
- ☐ Text Message
- ☐ TTY
- ☐ Braille
- ☐ Large Print
- ☐ Other Language

9. Would you like to receive our e-newsletter? \*

- ☐ Yes, Sign me up!
- ☐ Not at this time.
- ☐ I already receive the CIL Newsletter

10. How did you hear about CIL Jacksonville? \*

- ☐ Advertisement
- ☐ Referral
- ☐ Social Media
- ☐ Web Search (Google, Bing, Yahoo, etc.)
- ☐ Other: \_\_\_\_\_

11. Date of Birth: \* (Month, Day, Year) \_\_\_\_\_

12. Gender: \* \_\_\_\_\_

13. Please select your Primary Race. \*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Unknown

14. Please select your Secondary Race.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Unknown

15. Are you Hispanic or Latino? \*

- ☐ Yes
- ☐ No

16. What is your Marital Status? \*

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Domestic Partner
- ☐ Dependent Child

17. Are you a Veteran? \*

- ☐ Yes
- ☐ No

18. What is your voter status? \*

- ☐ Yes, and I want to update my registration
- ☐ Yes, and I DO NOT want to update my registration
- ☐ No, and I want to register
- ☐ No, and I DO NOT want to register

19. What is your primary form of transportation? \*

- ☐ Bike or Walk
- ☐ Friends or Family
- ☐ Personal Vehicle
- ☐ Public Transportation
- ☐ Taxi Services (including Uber & Lyft)

**20. What County do you live in? \***

- ☐ Baker
- ☐ Clay
- ☐ Duval
- ☐ Nassau
- ☐ St. John's
- ☐ Other: \_\_\_\_\_

**22. Are you the head of household? \***

- ☐ Yes
- ☐ No

**23. How many people are in your household? \*** \_\_\_\_\_

**24. Individual annual income:** \_\_\_\_\_

**21. What is your housing status? \***

- ☐ Assisted Living or Nursing Home
- ☐ Group Home
- ☐ Home Owner
- ☐ Homeless
- ☐ Institution
- ☐ Living with Friend or Family Member
- ☐ Renter - Subsidized
- ☐ Renter - Unsubsidized
- ☐ Transitional
- ☐ Unknown
- ☐ Other: \_\_\_\_\_

**25. Household annual income:** \_\_\_\_\_

**26. What are your other sources of income? \* (check all that apply)**

- ☐ Aid to Families with Dependent Children (AFDC)
- ☐ Alimony
- ☐ Child Support
- ☐ Department of Children and Families/ Foster Care
- ☐ Food Stamps or Supplemental Nutrition Assistance Program (SNAP) Free or Reduced Lunch
- ☐ Long Term Disability
- ☐ Pension
- ☐ Railroad Retirement
- ☐ Supplemental Security Income (SSI)
- ☐ Social Security Disability Insurance (SSDI)
- ☐ Veteran's Benefits
- ☐ Welfare or Temporary Assistance for Needy Families (TANF)
- ☐ Worker's Compensation
- ☐ Unemployment
- ☐ No Other Sources of Income
- ☐ Other: \_\_\_\_\_

**27. What types of Health Insurance Coverage do you have? \* (check all that apply)**

- ☐ Employer-Based
- ☐ Florida KidCare - Children's Health Insurance Program (CHIP)
- ☐ Marketplace
- ☐ Medicaid
- ☐ Medicaid Waiver
- ☐ Medicare Part A ☐ Medicare Part B ☐ Medicare Part C ☐ Medicare Part D
- ☐ TRICARE
- ☐ Veterans Health Administration
- ☐ No Health Insurance
- ☐ Other: \_\_\_\_\_

**28. What is your current employment status? \***

- ☐ Employed, Full Time
- ☐ Employed, Part Time
- ☐ Unemployed
- ☐ Internship (paid)
- ☐ Internship (unpaid)
- ☐ Sheltered Employment
- ☐ Supported Employment
- ☐ Furloughed
- ☐ Retired
- ☐ Self-Employed
- ☐ Never Worked

**29. What is your highest level of education? \***

- ☐ Less than high school
- ☐ High school graduate (including GED)
- ☐ Trade or Vocational Certificate
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctoral Degree

**30. Are you currently in school? \***

- ☐ Yes
- ☐ No

31. Are you looking for a job or new career? \_\_\_ Yes \_\_\_ No

32. Please list your disability or disabilities. \* \_\_\_\_\_

33. What is your primary disability type? \*

- \_\_\_ Cognitive
- \_\_\_ Hearing
- \_\_\_ Mental/Emotional
- \_\_\_ Physical
- \_\_\_ Vision

34. What is your secondary disability type?

- \_\_\_ Cognitive
- \_\_\_ Hearing
- \_\_\_ Mental/Emotional
- \_\_\_ Physical
- \_\_\_ Vision

**For questions 35 and 36:** Examples of institutions include but are not limited to hospitals, assisted living facilities, nursing homes, shelters, and correctional facilities.

35. Will the services you are requesting help you leave an institution? \* \_\_\_ Yes \_\_\_ No

36. Will the services you are requesting prevent you from entering an institution? \* \_\_\_ Yes \_\_\_ No

37. Please provide the information of the person you would like CIL to contact if there is an emergency.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

38. Do you have an up-to-date formal action plan for emergencies? \* (i.e. hurricanes or other disasters)

- \_\_\_ Yes
- \_\_\_ No

39. Are you medically dependent on electricity? \* (i.e. oxygen, wheelchair, etc.)

- \_\_\_ Yes
- \_\_\_ No

40. What areas do you need assistance? \* (check all that apply)

- \_\_\_ Advocacy
- \_\_\_ Assistive Technology
- \_\_\_ Communication
- \_\_\_ Employment
- \_\_\_ Housing
- \_\_\_ Legal
- \_\_\_ Medical Equipment
- \_\_\_ Mobility
- \_\_\_ Personal Assistance Services
- \_\_\_ Recreation
- \_\_\_ Training
- \_\_\_ Transition from Institution to Community-Based Living
- \_\_\_ Transition from School to Post-Secondary Education
- \_\_\_ Transportation
- \_\_\_ Youth Services
- \_\_\_ General Information and Referral
- \_\_\_ Other: \_\_\_\_\_

To be eligible for CIL services a person must experience a significant disability which limits their ability to function independently. In order to document you are eligible for services, please answer the following questions.

41. My disability/disabilities substantially limit me from functioning independently in the following area(s). \* (check all that apply)

- \_\_\_ Education
- \_\_\_ Employment
- \_\_\_ Housing
- \_\_\_ Mobility
- \_\_\_ Self-Care
- \_\_\_ Other: \_\_\_\_\_

**42. The services I am requesting will help me: \* (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.

**43. Independent Living Plan or Waiver \***

It is your choice between an Independent Living Plan "ILP" or "Waiver". An ILP is a formal document that states how services will be provided to you. A "Waiver" waives the development of an ILP. Please choose how you would like CIL to provide services to you.

☐ I choose the Independent Living Plan

☐ I choose the Waiver

**44. With my signature I affirm my choice how CIL Jacksonville services are provided to me and acknowledge I have received and understand the Code of Conduct, American with Disabilities Grievance Procedure, and Client Assistance Program (CAP). \***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing, below, I determine as a representative of the service provided that the applicant is eligible for services and has met the basic requirements as established by 34 CFR 364.40.

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Date

**Please review your form completion and accuracy.**

**Send your completed form by:**

**Standard Mail**

CIL Jacksonville  
attn: Intake Department  
2709 Art Museum Drive  
Jacksonville, FL 32207

**Email**

[info@CILJacksonville.org](mailto:info@CILJacksonville.org)

**Fax**

904-396-0859

**CONSUMER RIGHTS AND POLICIES**

**CODE OF CONDUCT**

We request that before you start receiving services at CIL Jacksonville, you take a moment to read the agency's Code of Conduct below. Any violation by you of the Code of Conduct could result in your suspension or termination from CIL Jacksonville. **Note:** CIL Jacksonville has the final say over what constitutes a violation of this Code of Conduct. CIL Jacksonville reserves the right to change the Code of Conduct at any time. Failure to communicate within a 60-day period with your Coordinator will be considered inactive participation.

**What is considered inappropriate behavior?**

- Foul or offensive language or hate speech (including, by way of example, but not limited to, ethnic slurs and religious epithets) as determined by CIL Jacksonville staff.
- Harassment of other Consumers or CIL Jacksonville staff, including by way of example, but not limited to, threats, stalking or abuse of others.
- Use of sexually explicit, harmful, threatening, abusive, defamatory, obscene, hateful, racially or ethnically offensive, or other offensive or inappropriate language, content, character names, titles, descriptions, or labels (including, by way of example, but not limited to, offensive or inappropriate fellowship names, pet names and inscriptions) profanity, slurs (including but not limited to racial, ethnic, and religious slurs), and illegal activities.
- Arguing with or neglecting to follow instructions of CIL Jacksonville staff and/or board.
- Impersonation of CIL Jacksonville (or its licensors' or distributors') personnel.
- Misusing and/ or abusing property of CIL Jacksonville, including, by way of example, but not limited to, inappropriate Internet use in the computer lab.
- Possession of any inappropriate items or related paraphernalia on CIL Jacksonville property or CIL Jacksonville related events (including but not limited to, weapons, alcohol, illegal drugs, etc.).
- Consumers are not permitted on CIL Jacksonville property or CIL Jacksonville related events while under the influence of alcohol or illegal drugs.

**Remedies for inappropriate behavior:**

- A consumer who violates the Code of Conduct may be warned by CIL Jacksonville staff, but some particularly serious violations or repeated violations can result in other sanctions, such as a lockout or permanent ban, without warning.
- CIL Jacksonville reserves the right to revoke or terminate the service of anyone who advocates or encourages expressions of violence, bigotry, racism, hatred, or profanity. CIL Jacksonville does not tolerate racial, ethnic, sexual, or religious slurs.
- While we encourage consumers to report any abuse and violations of the Code of Conduct, please do so with care. Repeated false reports may result in the suspension or removal of the reporting consumer.
- Consumers who violate the Code of Conduct are subject to having their case file flagged to notify future CIL Jacksonville employers of past misconduct.

**CONFIDENTIALITY**

We must warn you that there are certain exceptions to confidentiality that are required by law. Under Florida law, all CIL Jacksonville staff and volunteers are mandatory reporters of suspected child abuse/neglect and suspected abuse/neglect/exploitation of a vulnerable adult. This means that we may need to make a report to the Department of Children of Families if you tell us that a child has been or is being abused or neglected or that a vulnerable adult has been or is being abused, neglected, or exploited. Under Florida law, a vulnerable adult is someone 18 years of age or older who is vulnerable because of age or a disability. In addition, if you threaten to harm yourself or another person, we will have a duty to report to law enforcement. We may remind you of these reporting requirements when we are speaking with you. This does not mean that we do not want to hear what you have to say. It is our intent to make sure that you are making an informed decision at every stage of our services.

**CLIENT ASSISTANCE PROGRAM**

**What is the Client Assistance Program?** The Client Assistance Program (CAP) helps individuals who experience problems when applying for or receiving rehabilitation or independent living services. The CAP can help if you have questions about or programs with the counselors and/or staff at:

- Florida Division of Vocational Rehabilitation
- A Center for Independent Living
- Florida Division of Blind Services

**Are you eligible for CAP services?** The CAP may be able to help if you are a person with a disability who lives in Florida, and you:

- Need or are receiving vocational rehabilitation (VR) or independent living (IL) services;
- Have been denied VR or IL services, or have been denied an application to these programs;
- Disagree with your VR or IL counselor's/coordinator's decision about the services(s) you receive or need;
- Have had your VR or IL case closed and you are unhappy with the outcome.

**If eligible, what can CAP do for you?**

- Give information about VR and IL services;
- Inform you about your rights and responsibilities as an applicant or client of these programs;
- Explain your employment rights under Title 1 of the Americans with Disabilities Amendments Act;
- Show you how to advocate to protect and assert your rights;
- Advise VR and IL agencies about programs with the "system";
- Arrange for Legal Services when necessary to represent you in a formal appeal before any VR or IL agency;
- Advocate for appropriate planning for students moving from school to work.

**Do you have to pay for CAP services?** No, CAP services are provided at no cost to you by:

Disability Rights Florida

2473 Care Drive, Suite 200, Tallahassee, Florida 32308

[www.disabilityrightsflorida.org](http://www.disabilityrightsflorida.org)

Toll Free: 800-342-0823 TDD: 800-346-4127 Fax: 850-488-8640

**What are your rights when seeking services?**

- Apply or reapply for services;
- Receive an eligibility determination within 60 days;
- Be treated with courtesy and respect;
- Provide meaningful input into your rehabilitation and/or IL program;
- Request and receive a written explanation if you have asked for services and have been denied;
- Have the decision explained to you;
- Appeal any decision about ineligibility or denial of rehabilitation and/or IL services;
- Ask the CAP for help.

**What are your responsibilities when seeking services?**

- Notify your counselor/coordinator if you cannot keep an appointment;

- Give your counselor/coordinator accurate information about your situation;
- Inform your counselor/coordinator if your situation changes;
- Do what you say you will do;
- Tell your counselor/coordinator when you do not understand something.

### **AMERICANS WITH DISABILITIES ACT (ADA) GRIEVANCE PROCEDURE**

This Grievance Procedure is established to meet the requirements of the American with Disabilities Act (ADA) of 1990. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provision of services, activities, or programs provided by CIL Jacksonville. CIL Jacksonville's Personnel Policy governs employment-related complaints of disability discrimination.

The complaint should contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem, as included on the ADA Grievance form. Alternative means of filing complaints or receiving the grievance procedure in an alternative format, such as: large print, Braille, personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible, but no later than 60 calendar days after the alleged violation to:

CIL Jacksonville  
2709 Art Museum Drive  
Jacksonville, FL 32207  
904-399-8484  
[www.CILJacksonville.org](http://www.CILJacksonville.org)

Within 15 calendar days after receipt of the complaint, a CIL Jacksonville Director will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, they will respond in writing, and where appropriate, in format accessible to the complainant, such as large print, Braille, or audio tape.

The response will explain the position of CIL Jacksonville and offer options for substantive resolution of the complaint. If the response by the Director does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the Executive Director of CIL Jacksonville or his/her designee.

Within 30 calendar days after receipt of the appeal, the Executive Director or his/her designee will discuss the complaint and possible resolutions. Within 15 calendar days after the discussion, the Executive Director or his/her designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

After the final resolution has been communicated and if the issue is not satisfactorily resolved, the complainant and /or his/her designee may proceed to:

Disability Rights Florida  
2473 Care Drive, Suite 200  
Tallahassee, Florida 32308  
800-342-0823  
[www.disabilityrightsflorida.org](http://www.disabilityrightsflorida.org)

All complaints received by a Director, appeals to the Executive Director or his/her designee, and responses from these two offices will be retained by CIL Jacksonville for at least three years