



NMPASI

NORTHERN MARIANAS PROTECTION & ADVOCACY SYSTEMS, INC.

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REQUEST FOR SERVICES INTAKE FORM

PA# _____

NAME: _____ GENDER: _____ AGE _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ MP: _____
(P.O. BOX) (ISLAND) (ZIP CODE) (VILLAGE)

D.O.B. ____/____/____ POB: _____ TEL. NO.: _____

FIRST TIME APPLICANT: YES / NO US CITIZEN: YES / NO

PREFERRED LANGUAGE: _____ REFERRED BY: _____

RECEIVES PUBLIC ASSISTANCE: YES / NO TYPE: _____

HOSPITAL NO: _____ SS NO. _____-_____-_____

RESPONDENT (IF APPLICABLE): _____

CONTACT NO. _____ RELATIONSHIP: _____

DISABILITY

- | | |
|---|---|
| <input type="checkbox"/> BLIND/VISUAL IMPAIRMENT | <input type="checkbox"/> MENTAL ILLNESS |
| <input type="checkbox"/> DEAF/HARD OF HEARING | <input type="checkbox"/> COGNITIVE IMPAIRMENT |
| <input type="checkbox"/> ORTHOPEDIC IMPAIRMENT | <input type="checkbox"/> LEARNING DISABILITY |
| <input type="checkbox"/> NEUROLOGICAL IMPAIRMENT | <input type="checkbox"/> RESPIRATORY IMPAIRMENT |
| <input type="checkbox"/> HEART/CIRCULATORY IMPAIRMENT | <input type="checkbox"/> SPEECH IMPAIRMENT |
| <input type="checkbox"/> MUSCULAR/SKELETAL IMPAIRMENT | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> TRAUMATIC BRAIN INJURY | <input type="checkbox"/> AUTISM |
| <input type="checkbox"/> DEVELOPMENTAL DELAY | <input type="checkbox"/> CEREBRAL PALSY |
| <input type="checkbox"/> ELDERLY DISABLED | <input type="checkbox"/> OTHER: _____ |

DATE OF ONSET: _____

FUNTIONAL LIMITATIONS

- ECONOMIC SELF SUFFICIENCY
- LANGUAGE
- INDEPENDENT LIVING
- LEARNING
- MOBILITY
- SELF-DIRECTION
- SELF-CARE
- OTHER: _____

ETHNIC BACKGROUND

- AFRICAN AMERICAN
- NATIVE AMERICAN
- PACIFIC ISLANDER
 - CHAMORRO
 - CAROLINIAN
 - PALAUAN
 - CHUUKese
 - YAPESE
 - MARSHALLESE
 - OTHER: _____
- CAUCASION
- HISPANIC
- ASIAN
 - CHINESE
 - KOREAN
 - VIETNAMESE
 - JAPANESE
 - OTHER: _____
- FILIPINO
- THAI

LIVING ARRANGEMENTS

- INDEPENDENT
- COMMUNITY RESIDENTIAL HOME
- NURSING HOME
- PUBLIC INSTITUTIONAL HOME
- HOMELESS
- PARENTAL/OTHER FAMILY HOME
- FOSTER CARE
- JAIL/PRISON/DETENTION CENTER
- PRIVATE INSTITUTIONAL HOME
- OTHER: _____

CASE PROBLEM AREA

- ARCHITECTURAL ACCESSIBILITY
- PROGRAM ACCESS
- GOVERNMENT BENEFITS/SERVICES
- EDUCATION
- VOTING
- INSURANCE
- NON-GOVERNMENT SERVICES
- ABUSE
- OTHER: _____
- EMPLOYMENT
- HOUSING
- TRANSPORTATION
- ASSISTIVE TECHNOLOGY
- HEALTH CARE
- PRIVACY RIGHTS
- ACCESS TO RECORDS
- NEGLECT

OTHER SERVICES

- ADA ASSESSMENT
- OTHER: _____
- PRESENTATION

COMMENTS: _____

*****ADMINISTRATIVE INFORMATION*****

DATE OF REQUEST: _____

PADD

PAIMI

INTAKE BY: _____

PAIR

PABSS

CASE ADVOCATE: _____

PATBI

PAAT

CASE #: _____

CAP

FS