Consumer Intake & Establishing Eligibility

Date	Consumer:		Birth Date:		
Telephone Numl	bers:	and/or	County:		
Physical Addres	S:(Street)	Mailing Address	S:(Street)		
	(City, State, Zip)		(City, State, Zip)		
E-mail Address:		Race:	Gender: Male or Female		
Marital Status:		Registered Voter? YES or NO	Veteran? YES or NO		
Education Level		Program	n:		
Guardian? YES or NO If Yes, Name: Relationship:					
Telephor	e Numbers:	and/or			
SS#:	Medica	id: Med	licare #		
Monthly Income:	Dc	you have a Spenddown? Ye	s/Amt \$ No		
Has this Consun	ner relocated from a Nu	rsing Home Facility back into the co	ommunity?		
lf no, has	this Consumer continu	ied to live in the community of his/h	er choice?		
** This cons	umer is eligible / ine	ligible (circle one) for services fi	rom Access II, ILC because of.		

Please list the Consumer's disability(s) below:					
<u>Date Began</u>		<u>Disability Type</u>	2	pecific Disability	
• · -		Independent Livin	•		
<u>Goal Type</u>	<u>Set Date</u>	Target Date	<u>Completed</u>	Description	
Sign Here ONLY If	I choose to WAIVE	my Independent Livi	ng Plan:		_
			B 1 <i>4</i> 1 1		
Alternate Contact	Name:		Relationship:		
	Address:				
	Telephone:		Alternate Phone):	

Establishing Eligibility

Check any	that	apply
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Currently Employed	d (16 + hours)
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Employer: _____ Date: _____

At: _____

Hired to Begin WorkingSeeking Employment

In School

□ Live Independently, Not Employed

Check all that apply

□ Private Home

□ Apartment

□ Group Home

- □ Nursing Home
- □ Special Housing

Live Alone

- □ Live with Attendant
- □ Live with Spouse and Children
- □ Live with Parents and Other Family
- □ Live with Other Adults

List names and relationships of adult family members who live with you:

Do you plan to change your living situation in the near future? Yes No If Yes, please explain:______

Are you currently using Consumer Directed Services (CDS)?
Yes No If yes, please explain:

Are you currently receiving services through Department of Health & Senior Services (DHSS), or have you in the past?
Yes No

VR Office		
Mental Health		
DHSS		
Other		

Staff Signature

Date



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES DIVISION OF SENIOR AND DISABILITY SERVICES HOME AND COMMUNITY BASED SERVICES REFERRAL

A SECTOR										
PERSON BEING REFERRED (LAST,	ED (LAST, FIRST, MI)			DCN			RACE	SEX	•	DOB (MM/DD/CCYY)
			0 (OTDEET OIT)							
PHYSICAL ADDRESS (STREET, CIT	Y, ZIP)	MAILING ADDRES	SS (STREET, CITY	(, ΖΙΡ)	COUNTY		PRIMARY PHONE NUMBER	OTHER P	HONE	
MARITAL STATUS/LIVING ARRANGE	EMENTS		PRIMARY LANG	GUAGE			SPECIAL COMMUNICATION NEE	DS		
REPORTED HEALTH CONDITION										
NAME OF PERSON MAKING REFER	RAL			RELA	TIONSHIP			PHONE N	UMBER	.(S)
ADDRESS (STREET, CITY, ZIP)										
OTHER PERSONS INVOLVED			ROLE			ADDRE	SS	Ρ	HONE	
			Physici	an						
			Other R Party	Respoi	nsible					
			Other							
REASON FOR REFERRAL:										
PERSONAL CARE AE								RCF/ALF		
PERSONAL CARE ASSIS	STANC	E (CONSUMEI	R-DIRECTED	MOD	EL) 🗌 HO	MEMAK	ER 🗌 RESPITE CARE			
PROGRAM OF ALL-INCL	LUSIVE	CARE FOR T	HE ELDERLY	ΠA	DULT DAY	CARE		LS		
MEDICAID STATUS	ACTIVE		OWN (CHEC	KED	MOMED.	BENEFI	TS ARE IN EFFECT – 🗌 Y)	
					,	DENEIT			/	
COMMENTS										
DIRECTIONS TO LOCATE:										

DATE

Authorization to Obtain Employment Numbers

I, ______, do hereby authorize a representative from Access II Independent Living Center, Inc to obtain my Federal Employer Identification Number, Missouri Identification Number, and my Division of Employment Security Number via the internet. I understand the importance of these numbers is so that I can legally be considered an Employer and pay an Attendant to provided services to me that has been authorized from the Missouri Department of Health and Senior Services for the Consumer Directed Services program.

Consumer Signature

Note: Form SS-4 begins on the next page of this document.

Change to Domestic Employer Identification Number (EIN) Assignment by Toll-Free Phones

Beginning January 6, 2014, the IRS will refer all domestic EIN requests received by toll-free phones to the EIN Online Assistant. You can access the Assistant by going to www.irs.gov, entering "EIN" in the "Search" feature and following instructions for applying for an EIN online.

Attention Limit of one (1) Employer Identification Number (EIN) Issuance per Business Day

Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service (IRS) will limit Employer Identification Number (EIN) issuance to one per responsible party per day. For trusts, the limitation is applied to the grantor, owner, or trustor. For estates, the limitation is applied to the decedent (decedent estate) or the debtor (bankruptcy estate). This limitation is applicable to all requests for EINs whether online or by phone, fax or mail. We apologize for any inconvenience this may cause.

Change to Where to File Address and Fax-TIN Number

There is a change to the Instructions for Form SS-4 (Rev. January 2011). On page 2, under the "Where to File or Fax" table, the address and Fax- TIN number have changed. If you are applying for an Employer Identification Number (EIN), and you have no legal residence, principal place of business, or principal office or agency in any state or the District of Columbia, file or fax your application to:

Internal Revenue Service Center Attn: EIN International Operation Cincinnati, OH 45999

Fax-TIN: 859-669-5987

This change will be included in the next revision of the Instructions for Form SS-4.

Party () Designee Address and ZIP code Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Applicant's telephone number (include area code) Name and title (type or print clearly) ► () Signature ► Date ►	Form	SS-4	Applic	ation for Employ	yer la	denti	ifica	ation Num	ber	OMB No. 1545-	0003
Deterministic of the Theory ► See a sparse in nature/clinin for each line. ► Keep a copy for your records. 1 Legal name of entity (or individual) for whom the EIN is being requested Trade name of business (if different from name on line 1) Executor, administrator, trustee, "care of" name A Mailing address (room, apl., suite no. and street, or P.O. box) So City, state, and ZIP code (if foreign, see instructions) City, state, and ZIP code (if foreign, see instructions) City, state, and ZIP code (if foreign, see instructions) City, state, and ZIP code (if foreign, see instructions) City, state, and ZIP code (if foreign, see instructions) City, state, and ZIP code (if foreign, see instructions) City and state where principal business is located The a first application for a limited liability company (ILC) (or list is in the unimber of LC members Pore of the trust (brock only on exol). Caution. If 8 is "Yes," see the instructions for the correct box to check. State hockal application Perturbative (brock only on exol). Caution. If 8 is "Yes," see the instructions for the correct box to check. State for applying (brock only on exol). Perturbative (BEN if any) Comparison for a function (specify by the for application (specify by the b) Comparison (specify top the b)<!--</th--><th>(Rev.</th><th>. January 2</th><th>(For use by governme</th><th>/ employers, corporations</th><th>s, partne entities</th><th>erships, . certai</th><th>, trust n indi</th><th>s, estates, churo viduals, and oth</th><th>ches, ers.)</th><th>EIN</th><th></th>	(Rev.	. January 2	(For use by governme	/ employers, corporations	s, partne entities	erships, . certai	, trust n indi	s, estates, churo viduals, and oth	ches, ers.)	EIN	
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13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employement tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. 15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). 16 Check one box that best describes the principal activity of your business. Construction Health care & social assistance Wholesale-agent/broker 16 Check one box that best describes and principal activity of your business. Construction Health care & social assistance Wholesale-agent/broker 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Image: stephone number (include area code) 18 Has the applicant entity shown on line 1 ever applied for and receive the entity's EIN and answer questions about the completion of this form. 17 Designee's name Designee's name Designee's talephone number (include area code) (18 Has the applicant entity sou want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's talephone number (include area code)	11		(1)	uired (month, day, year). Se	e instruc	ctions.		12 Closing mo	onth of ac	counting year	
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							Da	ite 🕨		Applicant's fax number (inc	lude area code)
			ct and Paperwork R	eduction Act Notice. see	separat	e instru			lo. 160551	Form SS-4	(Rev. 1-2010)

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant	AND	THEN		
Started a new business Does not currently have (nor expect to have) employees		Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.		
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a–6, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10–18.		
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.		
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	Complete lines 1-18 (as applicable).		
Purchased a going business ³	Does not already have an EIN	Complete lines 1–18 (as applicable).		
Created a trust	The trust is other than a grantor trust or an IRA trust $^{\rm 4}$	Complete lines 1-18 (as applicable).		
Created a pension plan as a plan administrator ⁵	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a-5b, 9a, 10, and 18.		
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	Complete lines 1–5b, 7a–b (SSN or ITIN optional), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.		
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1–6, 9a, 10–12, 13–17 (if applicable), and 18.		
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.		
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	Complete lines 1, 2, 4a–5b, 9a, 10, and 18.		
Is a single-member LLC	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸	Complete lines 1-18 (as applicable).		
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	Complete lines 1-18 (as applicable).		

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

² However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).
³ Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also Household employer on page 4 of the instructions. Note. State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

Demographics / About Our Services

Date:	Consumer Name:	
DOB:	Access II Staff:	
Disability:	Ethnicity:	
Address:	City:	МО
Zip: County:	Phone:	Gender:
Living Arrangements:	Referral:	
"X" each item as it is discussed with ye	ou. Initial any items you are interested in learn	ing more about.
Intake Information Client Assistance Program (C Consumer Directed Program Voter's Rights and Registrati Organizational Information 	Overview (IL Philosophy)	
Access II Independent Living Center Five Core Services Information and Refer Peer Support Independent Living Sk Consumer Directed Services Accessibility Services TAP- Telephone (Telecommed Benefits Counseling Circuit Breaker MO PTC Assistive Technology Equipment Loan Program Consumer Assistance Fund Nursing Home Transitioning Alternative Format Transportation disAbility Awareness Program IEP (Individualized Education Youth Services Universal Design Program Prescription Drug Assistance AgrAbility Low-Vision Equipment Food Pantry Other Services:	ral -Advocacy -Transitions kills Training (CDS) unications Access Program) Request	

Skills I possess and am willing to teach and/or share with others......

- □ ASL (American Sign Language)
- Computer
- Budgeting
- □ Shopping Comparison
- Cooking
- Cleaning
- □ Companionship
- Leadership
- □ Tutoring
- Lobbying
- disAbility Awareness
- Other... Please specify______

I am interested in volunteering at Access II. My area(s) of ability are.....

- $\hfill\square$ Secretarial duties (copying, faxing, reception, etc)
- Newsletter Articles
- Read/Compile disability related newspaper clippings
- □ Office Organization
- □ Ramps and Home Modifications
- Recreation
- Provide Transportation
- Events Coordinator
- On-Site Consumer Assistance
- □ Advisory council to the Board of Directors
- Other... Please specify______

I have been offered information on Voter Registration: UYES UNO

I understand that Access II's 5 core services are provided to me at no charge and that I must qualify financially to participate in certain services that have been explained to me. I acknowledge that I have received information and a brochure on the Client Assistance Program (CAP).

Consumer Signature

Date

Access II Staff Signature

Consumer Information Acknowledgement Form

I acknowledge that I have:

 Received, reviewed, and understand information about rights available to me through Missouri's federally funded Client Assistance Program (CAP) and have been provided literature describing the program:

Missouri Protection & Advocacy Services (MOPAS) Main Office: 925 South Country Club Drive Jefferson City, MO 65109 Phone 573-893-3333 or 1-800-392-8667 Toll Free Fax 573-896-42312 or 1-800-735-2966 TDD

- 2) Received an orientation on the agency and an Access II Independent Living Center, Inc brochure;
- Received an explanation of the purpose of an Independent Living Center (ILC) and have had an opportunity to discuss services offered by the Independent Living Specialist (ILS);
- 4) Met and/or spoken with the ILS who will be working with me as a guide and/or advocate, and we have discussed their professional relationship with me;
- 5) Expressed my expectations to the ILS and my expectations of the agency;
- 6) Been given an explanation of Access II-Independent Living Center, Inc's expectations of me;
- 7) Reviewed literature on "Authorization for Release and/or Request of Information" forms;
- 8) Received and discussed any financial arrangements needed for services related to my program;
- Made an informed choice to either develop and Independent Living Plan (ILP) and pursuing a plan of action as described in the Independent Living Plan or signed an Independent Living Waiver;
- 10)I have access to Access II-Independent Living Center, Inc's grievance procedure in the event that I am dissatisfied with any action or inaction by Access II-Independent Living Center, Inc in connection with the provision of its services to me. Under the procedure:
 - a) I first discuss my concerns with the Access II, Inc Program Manager
 - b) If I am dissatisfied, or it is impractical for me to discuss my dissatisfaction with the Program Manager, I may submit a written grievance to Access II Independent Living Center, Inc Executive Director. The grievance is to be submitted within 10 working days after the action or inaction of the complaint
 - c) If I am still dissatisfied, within 30 days after submitting the grievance to the Executive Director, I may submit a written grievance to the President of the Board of Directors for Access II Independent Living Center, Inc. The written decision of the Board of Directors about my grievance ends the grievance process.

11)Access II Independent Living Center, Inc is authorized and required to release statistical information concerning Access II's services to agencies, institutions, organizations, and others who fund, contribute, or otherwise support Access II's goals.

This information may also be included in Access II publications and/or other materials accessible to the public that Access II may publish;

12)Access II Independent Living Center, Inc is required by federal, state, and/or local laws to make its services available without discrimination based on race, gender (sex), religion, veteran status, disability, age, sexual orientation, and national origin.

□ I am an individual with a disability who:

*has a physical, mental, cognitive or sensory impairment that substantially limits one or more of my major life activities;

*has a record of such an impairment; or

*is regarded as having such an impairment.

□ **I** am an individual with a significant disability who has a severe physical, mental, cognitive or sensory impairment that substantially limits my ability to function independently in the family or community to obtain, maintain, or advance in employment.

Consumer / Guardian Signature

Date
Duio

Access II Staff Signature