

<b>YAAS! Intake Form</b>		<b>Date:</b>
<b>New Member Name:</b>	DOB: ____ / ____ / ____	
<b>Member Phone Number:</b>		
<b>Member Email:</b>		
<b>Parent/Guardian's Name:</b>		
<b>Phone Number:</b>		
<b>Email Address:</b>		
<b>Physical/Mailing Address:</b>		
<b>Disability/Accommodations (including dietary restrictions)</b>		
<b>DDA Enrolled or Eligible: Y or N</b> <b>DVR Enrolled or Eligible: Y or N</b>		
<b>Language:</b> <i>(if other than English)</i>		
<b>How did you hear about YAAS!?</b>		
<b>Race/ethnicity:</b>	American Indian	Alaskan Native
Asian	Black or African American	Caucasian/White
Multiracial	Native Hawaiian/Pacific Islander	Spanish/Hispanic/Latino
Unknown or not specified		
<b>Resources Shared:</b> <i>(please circle or highlight all that were shared)</i>		
<b><i>Weekly YAAS! Zoom Meeting</i></b>	<b><i>Upcoming YAAS! events</i></b>	<b><i>Sherwood Community Services</i></b>
<b><i>DDA Services</i></b>	<b><i>Mental Health/Counseling</i></b>	<b><i>Transportation Voucher</i></b>
<b><i>Transportation Tutorial</i></b>	<b><i>Healthy Relationships</i></b>	<b><i>Communication Skills</i></b>
<b><i>Hobby Development</i></b>	<b><i>School Advocacy and Information</i></b>	<b><i>Self-Advocacy</i></b>
<b>Notes:</b>		

