

Family Intake Form

**Florida & Virgin Islands Deaf-Blind Collaborative**

**352-273-7534**

Please return forms by FAX: 352-273-8539 OR  
Contact Shelly Voelker ([shellyv@ufl.edu](mailto:shellyv@ufl.edu)) for mailing instructions.

Questions? Call Shelly at 352-273-7534

**INFORMATION ABOUT THE CHILD/YOUTH WITH DEAF-BLINDNESS**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle) Male / Female

County of Residence: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Best contact phone (circle) HOME / WORK / CELLULAR : \_\_\_\_\_

Other contact phone HOME / WORK / CELLULAR : \_\_\_\_\_

Diagnosis (or suspected diagnosis): \_\_\_\_\_

Other Conditions (diagnosed or suspected):

Level of Hearing Loss? \_\_\_\_\_

Level of Vision Loss? \_\_\_\_\_

Physical Disabilities? YES / NO \_\_\_\_\_

Cognitive Disabilities? YES / NO \_\_\_\_\_

Complex Health Care? YES / NO \_\_\_\_\_

**INFORMATION ABOUT THE EDUCATIONAL SETTING**

County where early intervention / educational services are provided: \_\_\_\_\_

Private? YES / NO      Charter? YES / NO

Early Intervention (age 0-3) Setting: Home / Other: \_\_\_\_\_

Early Childhood (age 3-5) Setting: \_\_\_\_\_

School (age 6-21) Setting: \_\_\_\_\_

Agency / School Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Teacher / Service Provider Name: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Teacher / Service Provider Name: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Teacher / Service Provider Name: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

How can we help? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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