



Jeff Konrade-Helm, MPA
Disability Advocate

Client Intake Questionnaire

Please take a few minutes to answer the following questions the best you can. Additional information may be requested.

This case involves: Self Minor Child Adult family member
 Other _____

Please initial: _____ I am a parent, legal guardian, have power of attorney of the client and I am authorized to engage advocacy services on his/her behalf.

Client Information:

First Name: _____ Initial: _____ Last Name: _____

D.O.B.: _____ SSN: _____

Parents/Guardians: _____

Address: _____

City: _____ ST: _____ Zip Code: _____

Ph: _____ Fax: _____

Email 1: _____

Email 2: _____

Preferred Method of Contact: phone email 1 email 2 any

Preferred Method of Receiving Documents: email fax mail courier