



# Customer Request Form

**Customer Type** (circle one): individual with disabilities | family members, guardians, and authorized representatives | educational organizations | employers and businesses | providers of employment and/or training services | health, allied health, and rehabilitation organizations | other

### Customer Information

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ County: \_\_\_\_\_  
Zipcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

How person heard about TFL initially (circle one): Agency | Conference/workshop | Internet | Newsletter/newspaper/radio/TV | vendor | Reboot | Service Provider | TFL Publication/Event | word of mouth/phonebook | VR/AWT

### Customer Demographics:

If customer is service provider enter name of person being helped: \_\_\_\_\_  
PWD Date of Birth: \_\_\_\_\_ Age at Intake: \_\_\_\_\_  
Gender: \_\_ Male \_\_ Female Race (Circle one): AIAN | Asian or Pacific Islander | Black/African American | Multinational | White Ethnicity (Circle one): Hispanic | Non-Hispanic  
Primary Language: \_\_\_\_\_ Interpreter Needed: \_\_ yes \_\_ no  
Educational Status (Circle one): Birth to 3 | Pre-K | K-12 | Technical School | College 2 yr | College 4 yr | Post graduate

### STAR Network Information:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Medical Diagnosis 1: \_\_\_\_\_  
Medical Diagnosis 2: \_\_\_\_\_  
Medical Diagnosis 3: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Non-Profit or Church affiliation: \_\_\_\_\_  
Living Arrangements (Circle one): assisted living | family/friends | nursing home

### Current Services:

Early Intervention     Medicaid Waiver     Medicaid/Medicare/Public Health     Private Insurance  
 Public Education     SSI/SDI     Voc Rehab     Private Resources  
 Underserved

### Mailing List:

Do not include on mailing list

Comments: