

Maryland State Department of Education
Division of Rehabilitation Services
Initial Interview/Intake Checklist

Name: _____ PID: _____ Date: _____

Date Completed Intake Form/Application received: _____

Is the consumer currently working with a DORS counselor? ☐ Yes ☐ No

If Yes: Who? _____

Is consumer currently a US Citizen? ☐ Yes ☐ No

If No: Does consumer have documentation that confirms employment eligibility? ☐ Yes ☐ No

If No: Documentation of work eligibility is not required to determine DORS eligibility; however, it must be provided before progressing to plan development ([RSM 1, Section 301.05](#)). If the consumer does not believe they can obtain the required documentation, please discuss next steps with your immediate supervisor.

If Yes: Obtain a copy to attach in AWARE™ and describe (see [RSM 1, Attachment 300-1](#) for a list of acceptable documents):

☐ **Review program, rehab process, and available services.**

- ☐ [Opening Doors to Employment](#) brochure – provide copy if not already received
- ☐ Eligibility Criteria/Order of Selection/Priority
- ☐ Your **Professional Disclosure Statement (RS-1m)** – provide copy to consumer

☐ **Review Rights and Responsibilities (appeals, non-discrimination).**

- ☐ [Client Assistance Program \(CAP\)](#) brochure – provide copy if not already received
- ☐ [Informed Choice Fact Sheet](#) – provide copy if not already received
- ☐ [Pre-ETS Fact Sheet \(RS-10a\)](#) – if applicable
- ☐ [Notification Regarding Protection of Personal Information \(RS-2d\)](#) & Confidential Portal

☐ **Review [DORS Intake Form \(RS-1c\)](#)** – provide copy to applicant

☐ **Discuss disability, impact, treatment, functional limitations:**

☐ **Briefly discuss current relationships and family and/or other supports:**

Does consumer have medical insurance? ☐ Yes ☐ No

If Yes: What type? ☐ Medicaid/Medical Assistance ☐ Medicare ☐ Worker's Compensation

☐ Private insurance through own job ☐ Private insurance through other means

☐ Other: _____

Is consumer eligible for or receiving DDA services? ☐ Yes ☐ No

If Yes: Coordinator of community services _____

Consumer has existing medical documentation/assessments re: their disability? ☐ Yes ☐ No

If Yes: Request documentation.

Have any prior assessments (i.e., career assessment, JEC, WBLE participation) **been completed?**

☐ Yes ☐ No

If Yes: When? _____

Are assessments anticipated to determine eligibility? ☐ Yes ☐ No

If Yes: Describe:

Are accommodations needed for anticipated eligibility assessments? ☐ Yes ☐ No

If Yes: Describe:

NOTE: Forms marked *** **require** Consumer Signature & Date. If **under 18 or attending high school**, both Consumer and Parent/Guardian must sign.

☐ ***Review, complete, and sign [Request for Confidential Information \(RS-2a\)](#).

List those completed:

☐ ***Review, complete, and sign [Consent to Release Confidential Information \(RS-2b\)](#).

List those completed:

- ☐ ***Review, complete, and sign [Consent to Disclose to Service Providers \(RS-2f\)](#).
- ☐ ***Review, complete, and sign [Substance Use Information Sheet \(RS-1d\)](#) – if appropriate.
- ☐ **Emphasis on Competitive Integrated Employment/Independence:**
- ☐ Vocational Goal: _____
- ☐ Work History, Volunteer Activities, Hobbies: _____

☐ **Educational Information:**

☐ **If consumer is under the age of 22 and enrolled in high school, college or other recognized educational program:**

- ☐ Enter Appropriate Education Goal in AWARE™.
- ☐ Select “JEC for Pre-ETS” in Case Note: Section 3, Activities Provided.
- ☐ If enrolled in High School:
Exit with: ☐ Diploma ☐ Certificate

Additional Information:

Next Steps to Determine Eligibility for Services:
