DISABILITY RIGHTS
CENTER OF THE VIRGIN ISLANDS
Advancing Justice through Protection and Advocacy

DATE:

CLIENT NAME: FIRST: LAST:

ADDRESS:

Physical					
Mailing					
City		State		Zip Code	

PHONE NUMBERS

Home	
Work	
Cell Phone	

LOCATION

Rural	
Urban	
Other	

FACILITY

Community First (former Villa Morales)		Lutheran Social Services	
Queen Louise Home for the Aged		Juan Luis Hospital	
Herbert Grigg Home		Bethlehem House	
Roy Schneider Hospital		The Village	
Sea View		Youth Rehabilitation Center	
Other			

DATE OF BIRTH

Date of birth	
Age	
Email address	

GENDER

Male	

Female	
Other	

INCOME

Employer	
Income	$

PUBLIC ASSISTANCE

Yes		No	

PREFERRED LANGUAGE

English		German		Arabic	
Spanish		American Sign Language			
French		Creole			
Arabic		Other			

ETHNICITY

Hispanic /Latino	
Black	
American Indian	
Pacific Islander	
Caucasian	
Other	

EDUCATION LEVEL

College Graduate		Some College	
Elementary		Some Graduate School	
GED		Some High School	
Graduate Degree		Special Education	
High School Graduate		Trade School	
None		Unknown	
Secondary			

DISABILITIES

Absence of Extremities		Mental Illness	
ADDH		Intellectual Disability	
Autism		Muscular Dystrophy	
Auto-immune (non Aids/HIV)		Neurological Disorders	

Blindness (both eyes)		Other Emotional/Behavioural	
Cancer		Other intellectual	
Cerebral Palsy		Physical/Orthopaedic impairments	
Deaf-Blind		Respiratory Disorders	
Deafness		Skin Conditions	
Diabetes		Specific Learning Disorders (SLD)	
Digestive Disorders		Speech Impairments	
Epilepsy		Spina Bifida	
Genitourinary Conditions		Tourette Syndrome	
Hard of Hearing/hearing impaired (not deaf)		Muscular Skeletal Impairment	
Heart and other Circulatory Conditions		Substance Abuse (drugs Alcohol)	
HIV AIDS		Traumatic brain injury	
Unknown		Visual Impairment (not blind)	

ACCOMMODATIONS

ASL		Reader	
Audio tape		Specific language interpreter	
Beeper sensitivity		Time	
Braille		TTY	
Environmental Sensitivity		Other	
Large Print		Unknown	
Low Literacy		None	
Note Taking		Physical access	

SPECIAL EDUCATION

Unknown	
Yes	

PRIMARY CONTACT INFORMATION

First Name	
Last name	

TELEPHONE NUMBER (S)

Home	
Work	
Cell Phone	

RELATIONSHIP TO CLIENT

Mother	
Father	
Brother	
Sister	
Legal guardian	
Attorney	
Other	

SERVICE REQUEST TYPE

Abuse/Neglect Allegations (not used for CAP/PABSS		Representation at Hearings	
Client Grievance		Representation at Meetings	
Document Review		Short Term Assistance	
I&R		Technical Assistance	
Litigation		Transportation (CAP/PABSS only)	
Non client direct project		Review	

FUND

PADD		PAAT	
PAIMI		HAVA	
CAP		SSA	
PAIR		TBI	
VIPTI		REP PAYEE	

PRIORITY – SEE CHEAT SHEET

COUNTY

St. Croix		St. John	
St. Thomas		Water Island	

PROBLEM LOCATION

Unknown		Rural	
Out of State		Urban	

LIVING ARRANGEMENTS

Psychiatric Wards of Public General Hospital		Small Group Home (3 beds or less)	

Public Institutional Hospital Treatment Facility		Specialized Nursing Facility/nursing Home	
Public General Hospital Emergency Room		Supervised Apartment	
Public Institutional Living Arrangements		VA Hospital	
Public Residential School		Unknown	
Semi Independent Home or Apartment		Board and Care	
Community Residential Home		Jail	
Detention Center		Large Group Home (more than 3 beds)	
Federal Facility		Legal Detention Facility /Jail	
Federal Prison		Nursing Home	
Foster Care		Municipal Detention Facility/Jail	
Halfway House		Parental or other Family Home	
Homeless		ICF/MR/Nursing Home	
Independent Housing		Intermediate Care Facility/Nursing Home	

PRIMARY DISABILITY

ELIGIBILITY

Assistive Technology (AT)	
Being in a facility for 24 hrs (MI)	
Limit 3 or more activities (DD)	
Mental Illness (MI)	
Not PADD nor PAIMI (PAIR)	
Onset before age 22 (DD)	
PABSS	
Rehabilitation Services (CAP)	
Unknown	

CLIENT OBJECTIVE

PROBLEMS

Abuse		Non-Medical	
Architectural Accessibility		Other	
Assistive Technology		Post-Secondary Education	
Benefits Planning		Recreation	
Child Care		Rehabilitation Services	
Commitment		Rights Violations	
Education		Services	
Employment		Suspicious Death	
Financial Entitlements		Transportation	
Health Care		Unknown	
Housing		Voting	
Neglect			

CALLER

First Name	
Last Name	
Organization	
Physical Address	
Mailing Address	
City	
State	
Zip Code	
Telephone Number	
Alternate Number	
E-mail Address	
Relationship to Client	
Is client	

REFERRER

First Name	
Last Name	
Organization	
Physical Address	
Mailing Address	
City	
State	
Zip Code	
Telephone Number	
Alternate Number	

E-mail Address	
Relationship to Client	
Is client	

ADVERSARY

First Name	
Last Name	
Organization	
Physical Address	
Mailing Address	
City	
State	
Zip Code	
Telephone Number	
Alternate Number	
E-mail Address	
Relationship to Client	
Is client	

NARRATIVE: