



State of Utah
Department of Workforce Services
DSDHH SERVICES INTAKE FORM

Client Information

Name: _____

SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ VP Text Voice

2nd Phone (if applicable): _____ VP Text Voice

Email: _____

Emergency Contact Name: _____ Phone: _____

Gender: Female Male Do not wish to self-identify

Race: Black/African American White/Caucasian Asian
 American Indian or Alaskan Native Native Hawaiian/Pacific Islander
 Do not wish to identify

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Hearing Status: Deaf (severe to profound) Hard of Hearing Deaf/Blind

Client Signature: _____ **Date:** _____

Equipment Information

| Equipment Information | Serial or Tag Number | Condition | Inspected By | Due Date | Actual Return Date |
|-----------------------|----------------------|-----------|--------------|----------|--------------------|
| | | | | | |
| | | | | | |

I, the undersigned, understand and agree to the following conditions:

Initials

- _____ 1. Title and ownership of this property remains with DSDHH and the state of Utah.
 _____ 2. I will not dispose of, sell, pawn, trade, or give this property to another individual.
 _____ 3. If this property is stolen, I will file a report with the police immediately and provide DSDHH with the police case number.
 _____ 4. If this property is lost or damaged, I agree to pay for replacement or repair.
 _____ 5. In general, equipment will be loaned for up to 30 days, depending on individual circumstances. I will return this property on or before the date listed on this form.

Borrower's Signature: _____ **Date:** _____

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.