The Center 4 dis-ABILITY Empowerment

Nothing About Us, Without Us

Community Support & Empowerment Intake Form

Welcome to the **Center for Disability Empowerment (CDE)**. You are the expert on your own life. This form helps us understand your goals so we can ignite your journey toward independence and leadership. All information is kept confidential.

Section I: Contact Information

Full Name: _____

Preferred Name / Pronouns: _____

Preferred Phone: _____

Email Address: _____

Address / County: _____

Best Way to Reach You (phone / email / text): _____

Section II: How Can We Help You Thrive?

Please check all areas where you would like to ignite your power and access:

	I would like support with...	You may work with...
☐	Finding immediate resources (housing, transit, benefits)	**I&R Specialist**
☐	Learning daily living or independent living skills	**IL Specialist**
☐	Moving from a nursing home or facility to the community	**Transition Coordinator**
☐	Mentorship from someone with shared lived experience	**Peer Support Coordinator**
☐	Learning to advocate for my own rights	**Advocacy Coordinator**
☐	Youth support — ages 14–24 / school to adult life	**Youth Coordinator (Maddy)**
☐	Mentorship matching and peer connection (youth)	**Mentor Facilitator (Michael)**
☐	Advocacy training and Youth Action Board	**Advocacy Organizer (Addison)**

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Section III: About You

CDE serves individuals of **any age, any disability type, and any income level** — at NO COST to residents of Central Ohio. No formal documentation or diagnosis is required.

Type of Disability (Optional): _____

Age Range: □ Youth (14–24) □ Adult (25–64) □ Senior (65+)

What is your primary goal for today?

_____

_____

Section IV: Our Commitment to You

- **Nothing About Us Without Us:** You will lead the way in shaping your own life.
- **Lived Experience Matters:** Our team values your lived experience as essential expertise.
- **Free of Charge:** All support and training is provided at no cost, always.
- **Confidential:** Your information stays private. Sharing is always your choice.

Consumer Signature:

X _____

Date: _____

Administrative Use Only:

Intake By: _____

Assigned Specialist: _____

Next Steps / Appt: _____

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CDE Mentorship Program — Participant Application

Thank you for your interest in the **CDE Mentorship Program!** Our mentors are trained adults with disabilities who have walked a similar path. This application helps us make the best possible match so you can build a meaningful, lasting relationship. All responses are confidential.

Part A: Basic Information

Full Name: _____

Age: _____

Phone / Email: _____

Preferred Contact Method: _____

Part B: Tell Us About You

1. What disability or health condition(s) do you live with (optional)?

_____

2. What are your goals for this mentorship? (Check all that apply)

- □ Build confidence and self-esteem
- □ Navigate school, college, or vocational training
- □ Explore career and employment options
- □ Learn about independent living (housing, transportation, budgeting)
- □ Develop self-advocacy and disability rights knowledge
- □ Find community and belonging
- □ Other: _____

3. What are your interests, hobbies, or passions? (We use these for matching!)

_____

_____

4. Is there anything specific you would like your mentor to have experience with?

_____

5. Do you have any preference for mentor identity or background? (Optional)

- □ Same gender identity
- □ Same cultural or ethnic background
- □ Similar disability type
- □ Similar life experience (school, employment, housing, etc.)

- ☐ No preference

Part C: Availability & Commitment

How often would you like to meet with your mentor?

- ☐ Weekly
- ☐ Every two weeks
- ☐ Monthly
- ☐ Flexible — let's figure it out together

Preferred meeting format:

- ☐ In person
- ☐ Video call (Zoom, FaceTime, etc.)
- ☐ Phone call
- ☐ Mix of in-person and virtual

Part D: Agreement

By signing below, I agree to participate in the CDE Mentorship Program in good faith, communicate openly with my mentor and the CDE team, and reach out for support whenever I need it. I understand that CDE will work to make the best possible match for my goals and that I can share feedback at any time.

Participant Signature:	Parent/Guardian (if under 18):
X _____	X _____
Date: _____	Date: _____

Questions? Contact our Mentor Facilitator at 614-575-8055 or www.disabilityempowerment.net