



Spokane Community Colleges PACE Services FACE SHEET

MUST BE COMPLETED EACH QUARTER

Name _____ Maiden/previous name _____

Birth date _____ Type of residence _____ Email _____

Home phone _____ Cell phone _____ Message/work phone _____

Address _____ City _____ State _____ ZIP _____

Student identification number (recently assigned by college)

Social Security number

Male Female

Nature of disability _____

If you need accommodations based upon your disability, please contact SCC Disability Support Services at 509-533-7169. Persons with a disability requiring accommodations or other services should contact the Disability Support Services office.

Income sources _____

Currently taking medications? Yes No If yes, list medications. (Attach additional sheet if necessary.)

NAME OF MEDICATION	AMOUNT/TIMES DAILY	REASON FOR MEDICATION

Do you have life threatening allergies, including food? Yes No If yes, list allergies and treatment.

Do you have seizures? Yes No If yes, what type seizure? _____
How frequent? _____

What type of transportation do you use? _____

Can you take the city bus independently? Yes No If city bus, what number(s)? _____

Spokane Para-Transit ID number _____

In case of emergency notify:

Name _____ Phone _____ Cell phone _____

Who do we contact if student needs to go home during the day?

Name _____ Phone _____ Cell phone _____

Are you currently working with DDA and/or DVR? If so, list below.

_____ Phone_____

Contact person_____

_____ Phone_____

Contact person_____

Are you currently employed? Yes No Place of employment_____

Do you have a job coach? Yes No

If yes, name of job coach and agency_____

Are you currently in high school? Yes No

If yes, name of high school and contact person_____

Do you have a legal guardian? Yes No If yes, name of legal guardian_____

Mailing address_____ Cell phone_____

Type of guardianship (please provide court documentation)_____

Legal guardianship paperwork is required to be on file in the PACE Services office before student can be registered for class(es) or services.

Name of advocate_____ Phone_____

Personal physician's name_____ Phone_____

Is there anything else you would like PACE to know (behaviors, living situation, what to do in case of a seizure, wheelchair, etc.)?

Is this individual Community Protection? Yes No

Comment:

Student signature_____ Date_____

Legal guardian signature_____ Date_____