

Name _____ SID # (format: ###-##-####) _____
Last First Middle

INCOME

Do you receive any of the following benefits? SSI SSDI HEN ABD Other

Do you have a ProviderOne card? Yes No

If yes, what is the number? _____

Are you currently working with DVR / DDA? Yes No

If yes, provide the following:

Contact Person _____ Phone Number _____

Contact Person _____ Phone Number _____

Are you currently employed? Yes No

If yes, Place of employment: _____

Do you have a job coach? Yes No

Name _____ Agency _____

Phone Number _____ Email _____

GOALS

What is your educational goal? _____

What is your employment goal? _____

What is your volunteering goal? _____

TRANSPORTATION

What type of transportation do you use? Personal Vehicle Bus Paratransit

If STA bus or Paratransit: Paratransit number _____ bus route _____

OTHER

Do you have any training beyond high school / GED? Yes No

If yes, check the highest level completed:

Some College Technical Certificate AA Degree
 BA/BS Degree Graduate Degree Other _____

Who referred you to PACE / SEER? Community Living Friend DDA Doctor
 DVR Online Search Other _____

Have you been enrolled in PACE / SEER before? Yes No

Are you classified as Community Protection? Yes No

If yes, please elaborate: _____

Is there anything else we should know?

SIGNATURE / DATE

STUDENT/GUARDIAN SIGNATURE	DATE
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