



Spokane Community Colleges PACE Services FACE SHEET

MUST BE COMPLETED EACH QUARTER

Name _____ Maiden/previous name _____

Birth date _____ Type of residence _____

Home phone _____ Cell phone _____ Message/work phone _____

Address _____ City _____ State _____ ZIP _____

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Student identification number *(recently assigned by college)*

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Social Security number

Male Female

Nature of disability _____

Degree of disability: Mild Moderate Severe

Income source _____ Amount _____

_____ Amount _____

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? _____

Do you use a wheelchair? Yes No

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 _____

Personal physician's name _____ Phone _____

Name of advocate _____ Phone _____

Name of legal guardian _____ Phone _____

Type of guardianship *(please provide court documentation)* _____

Are you currently working with other service agencies (DDD, DVR, ARC, Career Path, etc.)? If so, list below.

Agency _____ Phone _____

Contact person _____ Address _____

Agency _____ Phone _____

Contact person _____ Address _____

(PLEASE COMPLETE REVERSE SIDE)

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 _____

Do you require an accommodation? Yes No

If yes, explain below.

Is an agency being funded to provide employment or community access services to you? Yes No

If yes, name of agency _____

Are you currently in high school? Yes No

If yes, name of high school and contact person _____

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 _____

Is there anything else you would like PACE to know (behaviors, living situation, what to do in case of a seizure, etc.)? If there is a specific behavior plan, enclose a copy so PACE staff will follow through.

Is this individual Community Protection? Yes No

If yes, explain below.

Student signature _____ Date _____

Legal guardian signature _____ Date _____