



Spokane Community College SEER PROGRAM FACE SHEET

IDENTIFYING INFORMATION

Last name _____ First name _____ Middle _____

Former name(s) _____ Date of birth _____

Social Security Number
(for new student)

--	--	--	--	--	--	--	--	--	--

Student Identification Number

--	--	--	--	--	--	--	--	--	--

Gender Male Female

ADDRESS INFORMATION

Street address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____ Message phone _____

- Type of residence
- | | | | | |
|--|--|--|---|-----------------------------------|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Adult family home | <input type="checkbox"/> Adult residential | <input type="checkbox"/> Nursing facility | <input type="checkbox"/> CCF |
| <input type="checkbox"/> Interim placement | <input type="checkbox"/> CLIP | <input type="checkbox"/> Eastern State | <input type="checkbox"/> Other's home | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Other _____ | | | |

PROGRAM INFORMATION

Who referred you to SEER? _____

Have you been enrolled in SEER previously? Yes No When? _____

If yes, what SEER classes have you taken? _____

INCOME INFORMATION

Income sources _____ Amount per month _____ Do you have a ProviderOne card? Yes No

MEDICAL and TREATMENT

Medical doctor's name _____

Psychiatrist's name, agency _____

Primary therapist's name, agency, address/phone _____

Case manager's name, agency, address/phone _____

Psychiatric advanced directive? Yes No Seizure disorder? Yes No Don't know

Medical concerns you would like us to be aware of _____

Medications _____
(Please attach list if necessary.)

Emergency Contact Name _____ Phone _____ Cell _____

(Please complete reverse side)

EDUCATION and EMPLOYMENT

Prior education: High school GED A.A. degree B.A. degree Graduate degree

List other training _____

Reason for leaving school _____

Do you have any student loans in default? Yes No Don't know

Are you currently employed?
 Yes No If yes, where? _____

Have you ever been employed?
 Yes No, if no skip to next section (Student Goals)

Number of jobs held in the last two years _____ Average hours per week worked _____ Average hourly earnings _____

Last type of job _____

Reason for leaving job _____

Are you a U.S. citizen? Yes No If you are not a U.S. citizen, note your visa status below:

International student Immigrant/permanent resident Temporary Refugee/parolee or conditional entrant

STUDENT GOALS

Please list your goals in each of the following areas.

Educational goal _____

Employment goal _____

Volunteer goal _____

I have reviewed the readiness criteria and agree to its content (found on page 2 of the full registration packet).

Acceptance/Agreement _____ Date _____

DEMOGRAPHICS

This is an optional section. You may choose not to complete it. It is helpful for SEER to show that we are serving a diverse population and to receive funding for services.

Ethnicity: African American Alaskan Native American Indian Chinese
 Filipino Japanese Korean Native Hawaiian
 Other Asian Other Pacific Islander Vietnamese White
 Other race (Please specify) _____

Hispanic origin: General Hispanic Cuban Mexican
 Puerto Rican Other _____

Student's signature _____ Date _____