

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



SEER Program FACE SHEET

All of the information on this form is new OR

Some of the information has changed since I last completed this form.

Today's date _____

(Please be sure to write your name in the appropriate boxes even if it has not changed.)

IDENTIFYING INFORMATION

Change of information

Last name _____ First name _____ Middle initial _____

Former name(s) _____ Date of birth

MONTH		DAY		YEAR	

Social Security number

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Gender: Male Female

Marital status: Married Never married Widowed Separated Divorced Significant other

ADDRESS INFORMATION

Change of information

Street address _____ City _____ State _____ ZIP _____

Phone (_____) _____ Message phone(_____) _____

Type of residence: Own home Adult family home Adult residential Nursing facility CCF

Jail/correctional facility Interim placement CLIP Eastern State Other's home

Homeless Unknown Other: _____

PROGRAM INFORMATION

Change of 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

Change of information

Income source _____ Amount per month _____

Income source _____ Amount per month _____

MEDICAL and TREATMENT

Change of information

Medical doctor's name, address/phone _____

Psychiatrist's name, address/phone _____

Primary therapist's name, address/phone _____

Case manager's name, address/phone _____

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

Substance abuse issues? Yes No By history only

Medications _____

(Please complete reverse side)

EDUCATION and EMPLOYMENT Change of informationPrior education: High school GED A.A. degree B.A. degree Graduate degree

List other training _____

Reason for leaving school _____

Do you have any student loan's in default? Yes No Don't knowHave 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 NoIf you are not a U.S. citizen, what is your visa status? 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 _____

Volunteerism goal _____

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 American Indian Asian Indian Cambodian
 Chinese Filipino Japanese Korean
 Laotian Other Asian/Pac Isle Other Russian
 Thai Vietnamese White/Cauc Choose not to sayHispanic origin: General Hispanic Cuban Mexican Puerto Rican OtherReligious affiliation: Choose not to say Agnostic Atheist Affiliation

Student's signature _____