



## Vocational Rehabilitation Services Pre-ETS Consumer Intake Packet

**Provider Name (check one):**

- Aspire       Bona Vista       Easter Seals Crossroads  
 Easter Seals ARC NE IN       New Horizons  
 Opportunity Enterprises       PEAK Community Services  
 Stone Belt ARC       Sycamore Services

**Pre-ETS Intake Date:** \_\_\_\_\_ **Current or Previous VR Applicant (Y/N):**  Yes  No

**Consumer Last Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Date of Birth (mm/dd/ccyy):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  SSN Not Available

**Gender:**  Male       Female       Does Not Wish to Self-Identify

**Race (please check all that apply):**

- White       Black or African American       Asian       Native Hawaiian or Pacific Islander  
 American Indian or Alaska Native       Middle Eastern

**Ethnicity:** Hispanic/Latino  Yes       No

**Stated Disability** \_\_\_\_\_

**Expected Year of Graduation** \_\_\_\_\_ **School** \_\_\_\_\_

**Student Plan (please include a copy of the IEP, 504 or documentation used for verification of disability)**

IEP     504 Plan     Had neither IEP nor 504 Plan (specify other verification of disability) \_\_\_\_\_

**Consumer Phone** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ **Consumer Email** \_\_\_\_\_

**Residential Address:** Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address** (if different from residential address): Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent or Legal Guardian Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Parent or Legal Guardian Phone** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ **Email** \_\_\_\_\_

**Legal Guardian**  Yes  No

**Emergency Contact Same as Parent/Legal Guardian**  Yes  
(If same, there is no need to complete the following Emergency Contact section.)

**Emergency Contact Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Emergency Contact Phone** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ **Email** \_\_\_\_\_

