

STUDENT INFORMATION SHEET

IVC G# _____

HOME PHONE: _____

SSN: _____

CELL PHONE: _____

EMAIL: _____

WORK PHONE: _____

HIGH SCHOOL ATTENDED: _____

DATE OF BIRTH: _____

NAME (Please Print): _____

Last

First

Middle

Maiden

MAILING ADDRESS: _____

Street (Apt.#)

City

State

Zip

Please check the agency that referred you to DSPS or that you are a client of:

Dept of Rehab
Counselor's Name _____

IC Social Services
Counselor's Name _____

IC Behavioral Health
Counselor's Name _____

Other _____

SD Regional Center
Counselor's Name _____

Physician
Name _____
Phone # _____

In case of an emergency, who may we contact?

Name _____

Phone # _____

Name _____

Phone # _____

FOR OFFICE USE ONLY

Intake completed on: _____ **By:** _____ **Counselor:** _____

Contacts (Date and Initial)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

****Notes recorded in Starfish**

03/2015