

PORTFOLIO CHECKLIST

SECTION 1 - AGENCY GENERAL INFORMATION

Agency Name	Contact First Name	Last Name
Address	City, Zip Code	Phone #

SECTION 2 – PARTICIPANT’S GENERAL INFORMATION

Last Name	First Name	Middle Name
Address	City, Zip Code	

Date of Birth	Gender
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Last four digits of Social Security Number

Language(s) spoken at home	Race	Ethnicity
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Home Phone	Cell Phone	E-mail
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Emergency Contact Name:	Phone:	E-mail
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Do you have an IEP?

Yes No

Please state your disability.

Intellectual Disability Deaf/Hard of Hearing Blind/Visually Impaired
 Cerebral Palsy Spina Bifida Prader Willi Autism Aspergers
 Physical Disability Down Syndrome Other _____

SECTION 3 – PARTICIPANT’S EDUCATIONAL INFORMATION

What school do you attend?	What grade are you in?	Do you have or are you seeking a regular diploma or a special diploma? Regular Diploma Yes <input type="checkbox"/> No <input type="checkbox"/> Special Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>
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SECTION 4 –PARTICIPANT’S OTHER INFORMATION

Do you receive Social Security Benefits?

Yes No

Are you enrolled in the Medicaid Waiver?

Yes No

Are you on the waiting list to receive the Medicaid Waiver?

Yes No

Do you know how to use public transportation?

Yes No

What type of transportation do you use?

Parent Bus Private Car
 Other _____

Have you worked in the past?

Yes No If yes, please describe:

Have you volunteered in the community?

Yes No If yes, please describe:

