

Pathways to Independence
CONSUMER INFORMATION FORM

Date Completed: _____

Name: _____
 First Middle Initial Last

Maiden Name if Applicable: _____

Address: _____
 Street Number & Name

 City State Zip Code

Resident of ___ City of St. Louis or ___ St. Louis County (see fee schedule) or ___ St. Charles County
or Resident of Other area (see fee schedule): _____

Home Phone Number: _____ Cell Phone: _____

Date of Birth: _____ Email Address: _____

Social Security Number: _____

Marital Status: _____ Race: _____

Parents Name(s): _____

Parents Address: _____
 Street Number & Name City State Zip

Parent Phone Number: _____
 Daytime Evening

Emails are used to communicate with families the events and happenings of Pathways to Independence:

Mother's Email: _____

Father's Email: _____

Emergency Contact #1 : _____ Phone Number: _____

Emergency Contact # 2: _____ Phone Number: _____

Guardianship Status: Self Parent Other: _____

****If applicant has a legal guardian, we must have a copy of the court order.**

Are you a client of St. Louis Regional Center? Yes No Never Applied

If yes, who is your Case Manager: _____

What School District did you graduate from or attend? _____

Pathways to Independence

HOUSING

What are your living arrangements? (house, rent, live with family, etc) _____

Do you receive residential support services? YES NO If yes:

Name of Agency: _____

Address: _____

Contact Person: _____ Phone Number: _____

EMPLOYMENT

Place of employment: _____

Address: _____

Work Schedule: _____

Do you receive employment services from any other agencies? YES NO

If so, please list: _____

Do you have a counselor with Vocational Rehabilitation? YES NO If yes:

Who is your VR Counselor? _____

Reason for Interest in the Pathways Program:

Why do you want to be involved with Pathways to Independence? _____

Do you currently receive social skill and community access training from another agency? If so, please list: _____

What do you feel is your greatest area of strength?

Math Reading Speech/language

What do you feel is the area you need to work on the most?

Math Reading Speech/ language

What is your diagnosed disability or disabilities? _____

The following information is needed when applying for grants that help sustain our organization:

Thank you in advance for supplying this information.

Financial Information:

Please circle the figure that represents your current TOTAL annual income from all sources:

Under \$5,000 \$5,001 to \$10,000 \$10,001 to \$15,000 \$15,001-20,000
\$20,001-\$25,000 \$25,001-\$30,000 Over \$30,000