



Feather River College

Disability Support Program for Students Application for Services/Intake Form

STUDENT INFORMATION:

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email address: _____ Is it ok to call/text? Yes No
Disability: _____

EMERGENCY CONTACT:

Name: _____
Relationship: _____
Address : _____
State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

OTHER INFORMATION:

List all medications you are taking:

List all allergies, if any, including

Could an emergency situation occur due to your disability? Yes ____ No ____

If yes, are there any special procedures that should be followed in case of

Should a medical alert be provided to instructors and staff
to inform them about a medical condition? Yes ____ No ____

Are you a client of the Department of Rehabilitation? Yes ____ No ____

If yes, what is the name of your Department of Rehabilitation Counselor and in what city is the
office

If applicable, what is the name and address of the medical provider who has diagnosed
or

Have you received disability support services at any other college(s)? Yes ____ No ____
If yes, please give the college name(s) and a description of the accommodations received.

Did you ever receive support services or resource classes in elementary, middle, or high school? Yes ____ No ____
If yes, please describe what services or classes you received.

How did you hear about our disability support program? Self-referral ____ Referred by someone else ____
Referred by: _____ (Name and position/relationship of person who referred you.)

What barriers to the educational process do you face as the result of disability? (Examples: limited mobility)

What services are you hoping to receive from our disability support program to assist you in accessing your

Are you a former foster youth? (optional) Yes ____ No ____

Are you a veteran? (optional) Yes ____ No ____

By signing below, I certify that the information above is true and correct to the best of my knowledge

Signature: _____

Date: _____