

Adaptive Educational Services  
Indiana University Purdue University Indianapolis  
Joseph T. Taylor Hall  
815 W. Michigan St., Suite 100  
Indianapolis, Indiana 46202

**OFFICE USE ONLY:**

- Contact Housing
- Contact Auxiliary Services
- AMM Forms

**INTAKE APPLICATION**

**GENDER PRONOUNS:**  He/His/Him  She/Her/Hers  They/Them/Theirs Other \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Please check if you are receiving assistance from any of the following:

- Indiana Vocational Rehabilitation Services  Veterans Administration
- Other Agencies \_\_\_\_\_

**ACADEMIC INFORMATION:** Major: \_\_\_\_\_ Minor: \_\_\_\_\_ School: \_\_\_\_\_

I plan to be enrolled:  Full Time  Part Time  Only take on-line courses

Please list any other colleges attended and support services you received:

\_\_\_\_\_  
\_\_\_\_\_

**DISABILITY INFORMATION:**

What is the nature of your disability/diagnosis? \_\_\_\_\_

What accommodations are you requesting? \_\_\_\_\_

Do you need a housing accommodation?  Housed Currently? \_\_\_\_\_

If Deaf/hard of hearing, do you use: Sign Language  Interpreters  Lip Reading   
Hearing Aids  Other  Which is your preferred mode of communication? \_\_\_\_\_

If visually impaired, do you use: Screen Reader Capable/ Electronic Files  Enlarged Print   
or Braille?  Other? \_\_\_\_\_

In case of an emergency, who should we contact to authorize medical care? \_\_\_\_\_

Phone: \_\_\_\_\_ What medications are you currently on? \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

AES Staff Signature \_\_\_\_\_ Date \_\_\_\_\_