

ADULT AGENCIES AND COMMUNITY SERVICE PROVIDERS

STUDENT CONTACT LIST

(To be given to appropriate students prior to exit from school)

Student Name: _____

The following agencies can assist you when you leave school. Below are the names of the agencies, the names of the contact personnel and their phone numbers (check all that apply):

Agency	Contact	Phone Number
<input type="checkbox"/> Bureau of Rehabilitation Services	_____	_____
<input type="checkbox"/> Department of Mental Retardation	_____	_____
<input type="checkbox"/> Department of Mental Health and Addiction Services	_____	_____
<input type="checkbox"/> Local Community Mental Health Services	_____	_____
<input type="checkbox"/> Board of Education and Services for the Blind	_____	_____
<input type="checkbox"/> Independent Living Center	_____	_____
<input type="checkbox"/> One-Stop Career Center	_____	_____
<input type="checkbox"/> Postsecondary Disability Contact	_____	_____
<input type="checkbox"/> Other	_____	_____