



**Ho-Chunk Nation Education Department  
Disabilities Division  
Intake Form**

Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School Attended: \_\_\_\_\_ HCN Enrollment Number: \_\_\_\_\_

Reason for Inquiry (check all that apply): \_\_\_\_\_ Yes No

Academic Support \_\_\_\_\_ Do you have a current IEP? \_\_\_\_\_

Accommodation Questions \_\_\_\_\_ Are you enrolled with? Yes No

Assessment \_\_\_\_\_ VRNA or DVR \_\_\_\_\_

Disability Code Request \_\_\_\_\_ HCN Social Services \_\_\_\_\_

Daily Living Skills:

Planning \_\_\_\_\_

Organizing \_\_\_\_\_

Time Management \_\_\_\_\_

**W9814 Airport Rd.  
P.O. Box 667  
Black River Falls WI 54615  
PH: (800)362-4476  
FAX: (715)284-1760**

**Education.Intake@Ho-Chunk.com**

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