

Supports Intensity Scale

Interview and Profile Form

Adult Version (ages 16 and up)

99MT62
ID/TRACKING NUMBER

Name Simmons Darlene B. Date SIS Completed _____
LAST FIRST MIDDLE

Address 1105 Lancaster Drive _____ 2002/10/12/
YR MO DAY

City, State, Zip Chicago Heights, IL 60411 Date of Birth 1968/08/04/
YR MO DAY

Phone 708/555/3032 Language Spoken at Home English Age 35

Individuals or Organizations Providing Essential Supports: Gender Male Female

Name William & Ruthie Simmons Relationship Parents Phone 708/555/8333

Name Jackie Delmonte Relationship Residential Services Counselor Phone 708/555/3000

Name Angelina Rodriguez Relationship Vocational Services Counselor Phone 708/555/1961

Other Pertinent Information Receives services from Outlook, Inc. and supported employment

Respondent Name	Relationship to Individual	Language Spoken
1. <u>William & Ruthie Simmons</u>	<u>Parents</u>	<u>English</u>
2. <u>Jackie Delmonte</u>	<u>Residential Counselor</u>	<u>English</u>
3. <u>Angelina Rodriguez</u>	<u>Vocational Counselor</u>	<u>English</u>

Interviewer Melissa Anderson Position Case Manager

Agency/Affiliation Dept. of Human Services Phone 708/555/3724

Address 1217 Marion, Chicago Heights, IL 60911 Email MAnderson@dhs.state

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Figure 3.5. Completed SIS for Darlene Simmons.