SCIMS DATA -- INDIVIDUAL

LEGAL NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP+4: _____

PHONE: _____

FAX: _____

CELL: _____

EMAIL ADDRESS: _____

GENDER		ETHNICITY		RACE	
	Female		Hispanic or Latino		Asian
	Male		Not Hispanic or Latino		Black
					American Indian or Alaska Native
					Hawaiian or Pacific Island Native
					White

DISABILITY					
	No Disability		Mobility feet		Paralysis arms
	Refused		Mobility arms		Paralysis leg
	Handicap Not listed		Mobility legs		Paralysis legs
	Severe Speech		Mobility hips		Paralysis lower
	Hard hearing		Mobility back		Paralysis side
	Deaf - can speak		Mobility combination		Blood Disease
	Deaf - no speech		Partial hand		Diabetes
	Tunnel Vision		Partial arm		Pulmonary/Respiratory
	Uncorrectable Vision		Partial leg		Kidney dysfunction
	Blind one eye		Partial hands		Cancer
	Blind both eyes		Partial arms		Cancer Treatment
	Missing one hand		Partial legs		Mental retardation
	Missing one arm		Partial side		Mental /emotional
	Missing one foot		Partial 3+ parts		Severe Distortion
	Missing one leg		Paralysis hand		Disfigurement
	Missing hands/arms		Paralysis hands		Learning Disability
	Mobility hands		Paralysis arm		