

FAMILY INFORMATION
I live with (Please circle one)

Both Parents

Father

Mother

Guardian

Other

Contact #1

Relationship to Applicant: _____

Do you live with this person? Yes No

Name _____

Home Phone _____

Address _____

Cell Phone _____

City/State/Zip _____

Work Phone _____

Employer _____ **Occupation** _____

E-mail Address _____

Should this be the 1st call in case of a non-911 emergency? Yes No

Contact #2

Relationship to Applicant: _____

Do you live with this person? Yes No

Name _____

Home Phone _____

Address _____

Cell Phone _____

City/State/Zip _____

Work Phone _____

Employer _____ **Occupation** _____

E-mail Address _____

Should this be the 1st call in case of a non-911 emergency? Yes No

Do you have a legal guardian (someone with power of attorney over your financial, medical, and housing decisions)? Yes No

Name of Legal Guardian _____

SIBLINGS

Name

Date of Birth

What language is spoken in your home? _____

PSYCHOLOGICAL EVALUATION

Date of last evaluation _____

Completed by _____

Exceptionality/Classification _____

MEDICAL HISTORY

Are you on medication? Yes No

List type and frequency _____

Are you subject to seizures? Yes No

List type and frequency _____

Date of Last Tetanus _____

Date of TB Skin Test _____

Do you wear/use?

Glasses Yes No

Hearing aid Yes No

Leg braces, crutches, wheelchair Yes No

Other medical or psychological diagnoses:

Do you have a state ID card? Yes No

Do you have a savings account? Yes No

Do you have a checking account? Yes No

What modes of transportation do you use to get around the community? (check all that apply)

Parent/Relative car Walk Bike RTA/JET Paratransit

Public Bus Taxi Carpooling with friends Uber/Lyft

WORK HABITS AND ATTITUDES

Do you self-advocate in relation to your disability (explain your disability and needs that go along with it, ask for help when needed, etc.)?

Yes No

If yes, please describe: _____

Do you have difficulty transitioning from place to place or from task to task?

Yes No

If yes, please describe: _____

Do you get ready for school or community activities on your own?

Yes No

If yes, please describe: _____

Do you use a planner or calendar to organize yourself at home and school?

Yes No

If yes, please describe: _____

Are you involved in any therapies, clubs or classes outside of school (music, movement, sports, occupational therapy, speech therapy, behavior therapy)?

Describe any community-based life skills education you have experienced in other programs.

GOALS

- I want to work full time: Agree Not sure Disagree
- I want to work part time: Agree Not sure Disagree
- I want to volunteer: Agree Not sure Disagree
- I want to stay home: Agree Not sure Disagree
- I want to take the HiSET exam: Agree Not sure Disagree
- I want to live on my own: Agree Not sure Disagree
- I want to live with my parents: Agree Not sure Disagree
- I want to live with roommates: Agree Not sure Disagree

INTERESTS

- I like to study: Always Sometimes Never
- I like to work in big groups: Always Sometimes Never
- I like to work alone: Always Sometimes Never
- I like to be inside: Always Sometimes Never
- I like to be outside: Always Sometimes Never
- I like to try new activities: Always Sometimes Never
- I like to work out: Always Sometimes Never
- I like to eat healthy foods: Always Sometimes Never

Is there anything else you would like for us to know about you?
