



OCT Residential Program

Please select the desired Residential Model:

- OCT Residential (The Fountains at UNF)
- OCT Residential (The District on Kernan)
- Extended Services (Supported Living)

Please note that this application will serve two purposes: (1) It will give the OCT Residential Coordinator and administration tools to assess the appropriateness of the program and (2) it will serve as a guide to Residential staff working with you. Please be as accurate and detailed as possible in order to maximize the benefits of Residential Support.

Note to Parent(s)/Guardian(s): Please allow the applicant to fully answer each application item. You are welcome to provide assistance in writing responses for your applicant.

Application Check List

This check list is to help ensure all information is filled out and all documentation is included before submitting the application.

Guardian Initial		Office Use
	Eligibility Requirements Page	
	Section 1: Personal Information	
	Section 2: Medical Information	
	Section 3: About you	
	Medical Documentation (allergies, special dietary requirements, etc)	
	Letter of Recommendation (at least one non-family member who can provide insights into the strengths and weakness of the applicant that pertains to independent living and social behaviors)	
	Photograph (headshot) of Applicant	
	Copy of Photo I.D.	
	Copy of Medical Insurance Card	
	Power of Attorney/Guardianship/Medical Proxy/Documentation (if applicable)	
	Signed Acknowledgement/Wavier/Release of Liability Form	

Eligibility Requirements

Participant Initial	Guardian Initial	
		1. Be at least 18 years of age
		2. Have an intellectual/developmental disability
		3. Be eligible for / or receiving SSDI or SSI
		4. Have health insurance (Medicaid, Medicare, Private)
		5. Applicant has a desire to receive independent living experience services in an apartment setting that focuses on improved outcomes of independent living.
		6. Be able to independently self-administer medicines*
		7. Have exhibited an interest and desire for greater independence, and parent/guardian support in the pursuit of independence
		8. Be able to navigate <i>independently</i> within the apartment complex
		9. Be willing to learn and use alternative modes of travel, such as public transportation or The District Apartment Shuttle
		10. Be receptive to learning financial management and live within a restricted budget
		11. Must possess or willing to learn time management skills and be able to follow a schedule with/without accommodations (i.e., picture schedule)
		12. Have socially adaptive and responsible behaviors when left unsupervised and have follow/adhere to rules and instruction.
		13. Be independent in grooming and hygiene routines *
		14. Be able to communicate with others effectively with/without accommodations
		15. Before entering the program, participant must have a cell phone
		16. Must be willing to interview (in person or video chat)

***Residential staff does not have certification required to provide medication management or serve as personal care assistants. If these services are required, the family will need to contract with private providers for personal care and/or medical management during the program.**

By signing this form, the potential participant and his or her parent(s)/guardian(s) acknowledge having read and understood the *basic* eligibility requirements for the OCT Residential Program. This form must be signed and be included in the application packet. It must also be noted that this form includes **ONLY the *basic* eligibility requirements. Final acceptance to the program will be determined by the Admissions Committee.**

Parent/Guardian Signature _____

Date ___/___/___

Participant Signature _____

Date ___/___/___

Residential Application

Please provide a recent photograph of the applicant along with this form. Be sure to complete all sections of the application.

Section 1: Personal Information

A. Resident's Information

Name of Resident _____ Nickname _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Alternate Phone _____

Date of Birth _____ Age _____ Sex _____

Social Security Number _____

Primary Disability _____

Secondary Disability _____

B. Parent/Guardian Information

Resident currently resides with: Mother Father Both Foster Parent Group Home

Other _____

1. Parent/Guardian Information (Primary Contact)

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Alternate Phone _____

Email Address _____

2. Parent/Guardian Information (Alternative Contact)

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Alternate Phone _____

Email Address _____

C. Demographic

1. Have you ever been away from home before? Yes No

If “Yes,” where did you go and how long were you away from home? Did you enjoy that experience?

2. What high school did you attend (name/location)?

Did you graduate from high school? Yes No

If “Yes,” did you graduate with a special diploma? Yes No Year: _____

3. If you have graduated from high school, please list what you have done since graduation (ex. Work, volunteer, community-based training, leisure activities, etc.)

4. Please list any and/all community work experiences (indicate if experience was paid or volunteer, as well as duration)

5. Do you smoke? Yes No Quantity per week: _____

6. Do you drink alcoholic beverages? Yes No Frequency: _____

7. Have you ever been arrested? Yes No

If “Yes,” please describe the following:

Date: _____

Arresting Charge: _____ Misdemeanor Felony

Were you convicted? Yes No

If "Yes," please describe your sentence:

Section 2:

Disability, Impairment, Challenge, or Condition and Medical Information

Please use space provided to answer the questions and elaborate as much as possible, and feel free to add extra pages if necessary).

A. Disability or Condition (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Attention Deficit Hyperactivity Disorder |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Prader/Willi Syndrome | <input type="checkbox"/> Emotional Disorder (Bipolar, Depression, etc.) |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Chromosome Abnormality (Diagnosis/Explain) | |

Intellectual Disability (Diagnosis/Explain)

Deaf/Hearing Impaired (Diagnosis/Explain)

Speech Disorder (Diagnosis/Explain)

Blind/Visual Impairment (Diagnosis/Explain)

Other

1. Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? If yes, please list

2. Please list any significant medical and/or physical conditions that may impact your participation in social and/or recreational activities within the program (for example: severe allergies or visual disability)

3. Please list all medications that you are currently taking. Include the dosage/frequency, purpose of the medications, and any side effect(s):

Are you independent in self-administering medications and remembering to take medication?* Yes No

*Please note that Residential Services does not have a nurse or any other medical personnel.

3. Do you have seizures? Yes No

Type _____ Duration _____

Frequency _____ Date of last seizure _____

Are seizures controlled with medications? Yes No

4. Please list any assistive technology that you use (i.e., wheelchair, eyeglasses, prosthesis, walker, hearing aid, roll aid, etc.) and if you require accessibility accommodations.

Section 3: A little bit about you

Hobbies and Interests

Cooking _____

Baking _____

Arts/Crafts _____

Gardening _____

Reading _____

Writing _____

Beach _____

Movies _____

Musical Instrument _____

Dancing _____

Acting _____

Concerts _____

Theater _____

Board Games _____

Decorating _____

Working out _____

Golf _____

Tennis _____

Basketball _____

Soccer _____

Volleyball _____

Softball _____

Answer Key

“**Y**” = Yes you already do this

“**N**” = No, you have no interest

Baseball _____

Swimming _____

Running/Jogging _____

Museums _____

Amusement Parks _____

Eating at Restaurants

Shopping _____

Watching TV _____

Video Games _____

1. List any clubs or organizations in which you currently participate.

2. If your applicant desires to participate in religious services, please indicate the religious preference. (Staff will assist in making arrangements for public transportation to and from services)

Please use this answer key for the following “skills” sections:

Answer Key

“**Y**” = Yes, I already do this

“**N**” = No, I have no interest

“**A**” = I can do this with assistance

Transportation Skills:

- | | |
|---|--|
| <input type="checkbox"/> How to read a map | <input type="checkbox"/> Crosses 2 lanes with light |
| <input type="checkbox"/> How to use a city bus schedule | <input type="checkbox"/> Crosses 2 lanes without light |
| <input type="checkbox"/> How to ride the city bus | <input type="checkbox"/> Crosses 4 + lanes with light |
| <input type="checkbox"/> How to ask others for directions | <input type="checkbox"/> Crosses 4+ lanes without light |
| <input type="checkbox"/> Crossing the street | <input type="checkbox"/> Able to utilize a city taxi |
| <input type="checkbox"/> Crosses street with crosswalk | <input type="checkbox"/> Able to utilize a shuttle service |

Specifics/Comments: _____

Financial Management Skills:

- | | |
|--|---|
| <input type="checkbox"/> Able to count money | <input type="checkbox"/> Using a Credit Card |
| <input type="checkbox"/> Able to estimate cash back from a transaction | <input type="checkbox"/> Keeping track of credit card spending (i.e. keeping receipts and recording spending) |
| <input type="checkbox"/> Using Cash to purchase items at a store | <input type="checkbox"/> Developing a budget |
| <input type="checkbox"/> Using a calculator to estimate costs during shopping (i.e. calculating sales tax and total items) | <input type="checkbox"/> Remaining within a budget |
| <input type="checkbox"/> Using a Debit Card | <input type="checkbox"/> Balancing a checkbook |
| <input type="checkbox"/> Keeping track of debit card spending (i.e. keeping receipts and recording spending) | <input type="checkbox"/> Organizing your Wallet |

Please provide any additional information that would be helpful for Residential staff in your ability and challenges in financial management.

Household Chore Skills:

- | | |
|---|---|
| <input type="checkbox"/> Dusting | <input type="checkbox"/> Using a dishwasher |
| <input type="checkbox"/> Sweeping | <input type="checkbox"/> Doing Laundry |
| <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Ironing |
| <input type="checkbox"/> Cleaning Mirrors | <input type="checkbox"/> Cleaning bathtubs |
| <input type="checkbox"/> Polishing | <input type="checkbox"/> Cleaning toilets |
| <input type="checkbox"/> Washing dishes by hand | <input type="checkbox"/> Removing stains from carpets |

Please list any additional chores activities that you know how to do and/or require further assistance in learning.

Culinary Skills:

- | | |
|---|--|
| <input type="checkbox"/> Cutting Vegetables | |
| <input type="checkbox"/> Cutting Fruits | <input type="checkbox"/> Using a Stove |
| <input type="checkbox"/> Cutting Meats | <input type="checkbox"/> Following Simple Recipe |
| <input type="checkbox"/> Using a Microwave | <input type="checkbox"/> Using a dishwasher |
| <input type="checkbox"/> Using an Oven | <input type="checkbox"/> Using a toaster |

1. What types of breakfast meals do you usually eat and can you prepare these by yourself? If not, what are some breakfast meals are you able to prepare without assistance?

2. What types of lunch and dinner meals do you usually eat?

3. What types of lunch meals are you able to prepare by yourself without assistance?

4. Have you ever made meals from the following semi-prepared meal boxes: Hamburger Helper, Campbell's, Pasta Side Dishes, etc.? If yes, how did it turn out?

5. What type of meals would you like to learn how to cook?

6. Do you know how to use kitchen appliances in a safe manner? Please describe.

7. What are your favorite types of meals and foods?

8. What is your favorite type of restaurant? (ex. Italian, Chinese, Japanese, Mexican, etc.).

9. Do you ever eat frozen foods? If so, which ones? (ex. Lean Cuisines, Hot Pockets, etc.).

10. What foods do you not like?

11. Do you eat a healthy balance between fruits, vegetables, meats, and dairy products?

12. Are you currently on and/or follow a diet, special diet (due to allergies/illnesses), religious preference, have nutritional goals, etc.? (Please Explain)

Stamina and Endurance

Please check the item that describes you the best:

1. **Strength – Lifting and Carrying:**

Poor (<10 lbs) Fair (10-20 lbs) Average (30-40 lbs) Strong (>50 lbs)

Specifics/Comments: -

2. **Endurance in completing tasks: (without breaks)**

Works <2 hours Works 2-3 hours Works 3-4 hours

Specifics/Comments: -

3. **Orienting:**

Small Area One Room Several Rooms Building Wide Building & Grounds

Specifics/Comments: -

4. **Physical Mobility: (Please check all that apply)**

Sit/stand Fair ambulation Difficulty with stairs/minor obstacles Full mobility

Specifics/Comments: -

5. **Gross Motor Ability:**

Full Fair Minimal

Specifics/Comments: -

6. Fine Motor Ability:

Full Fair Minimal

Specifics/Comments: -

7. Independent Work Rate: (no prompts)

Slow pace Steady/average

Above average/sometimes fast pace Continual fast pace

Specifics/Comments: -

8. Attention to task/perseverance:

Frequent prompts with high supervision

Some prompts with high supervision

Some prompts with low supervision

Frequent prompts with low supervision

No prompts Required

Specifics/Comment: -

9. Independent task sequencing:

Cannot perform tasks in sequence Performs 4-6 tasks in sequence

Performs 2-3 tasks in sequence Performs 7 or more tasks in sequence

Specifics/Comments: -

10. Initiative/Motivation:

___Always seeks work ___Sometimes volunteers ___Waits for direction ___Avoids next task

Specifics/Comments: -

11. Adapting to Change:

___Adapts to change ___Adapts to change with great difficulty
___Rigid routine required ___Adapts to change with some difficulty

Specifics/Comments: -

12. Do you need prompting (verbally) to complete a task? If so, what kind of verbal prompting do you need and how frequently? Please list some specific tasks that require prompting.

13. What positive reinforcements work best to keep you motivated to continue and complete tasks? (Ex. Verbal praise, candy, trip to the store, etc.).

14. What is the best way for staff to motivate you to accomplish a goal or follow instructions?

Functional Skills

Please check off what applies to you. Please provide comments and explanations.

1. Time Awareness:

Unaware of time and clock function Can tell time to the hour

Can Identify breaks and lunch Can tell in hours and minutes

Specifics/Comments: -

2. Functional Reading:

None Sight words/symbols Simple reading Fluent reading

Specifics/Comments: -

3. Functional Math:

None Simple counting Simple addition/subtraction

Computation skills

Specifics/Comments: -

4. Following Directions or Instructions: (Please check all that work best for you)

Detailed written instructions Simple written instructions

Simple written instructions with pictures Simple checklist with pictures

Simple checklist without pictures Repetition

Modeling (use of demonstrations)

Personality and Interpersonal Relationships

1. Please check-off the given answer(s) that best describe your personality:

- | | |
|---|--|
| <input type="checkbox"/> I am very talkative | <input type="checkbox"/> I am happy most of the time |
| <input type="checkbox"/> I am quiet | <input type="checkbox"/> I sometimes get depressed or anxious |
| <input type="checkbox"/> I take some time to open up to people | <input type="checkbox"/> I can be moody sometimes |
| <input type="checkbox"/> I like being around a lot of friends | <input type="checkbox"/> I get angry a lot |
| <input type="checkbox"/> I like to be by myself sometimes | <input type="checkbox"/> I am always able to see the bright side of everything |
| <input type="checkbox"/> I get nervous when I am in large crowds | <input type="checkbox"/> I know how to entertain myself |
| <input type="checkbox"/> I find it easy to make friends | <input type="checkbox"/> I prefer quiet environments |
| <input type="checkbox"/> I like to go to parties | <input type="checkbox"/> I am not afraid to try new things |
| <input type="checkbox"/> I would rather stay home and read a book | |

2. Handling Criticism/Stress: (Please indicate how you react)

- | | |
|--|--|
| <input type="checkbox"/> Resistive/argumentative | <input type="checkbox"/> Accept criticism/do not change behavior |
| <input type="checkbox"/> Withdraw into silence | <input type="checkbox"/> Accept criticism/change behavior |

Specifics/Comments:

3. What event/activities make you feel upset?

4. What is the best way for you to cope when you are upset?

5. Do you have any fears or phobias? Do these fears or phobias interfere with daily activities in your life?

6. How well do you generally get along with others?

7. If you have mood swings, what is the best way to help you?

8. Please provide additional insight into your personality and the way you interact with others that would be helpful for in assisting you with socialization skills training activities and facilitating friendships:

Please Read and Sign

I understand that this application is for admission to The Arc Jacksonville OCT Residential program and acceptance is conditional upon receiving evidence to confirm the information in this document, as well as information provided through the interview process. By signing this document, I am certifying that the information given is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of admission. If admitted, I hereby agree to abide by the policies, rules, and regulations of The Arc Jacksonville OCT Residential Program. Should any of the information change prior to my enrollment in the program, I shall notify the OCT Residential Program immediately.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Ensure that all sections have been completed. Failure to complete all application sections and to provide the required non-refundable application fee may result in delayed review of application and/or non-acceptance.

Application Fee:

- Please enclose a non-refundable application fee of \$25 with your application.
- Please make your check or money order payable to: The Arc Jacksonville
- Please indicate in the "Memo" section: Residential Application
- Please send the OCT Residential application and fee to:

On Campus Transition at the University of North Florida
ATTN: LIFE Experience
1 UNF Drive (Building 57, Room 2800)
Jacksonville, FL 32224

(904)620-3890