|  |
| --- |
| The Arc Jacksonville |
| LIFE Experience |
| “Living Independently: Finding Enrichment” |
|  |
| **Application** |
| **Session 1 / Session 2** |

|  |
| --- |
| **Please note that this application will serve two purposes: (1) It will give the LIFE Experience administration tools to assess the appropriateness of the program and (2) it will serve as a guide to LIFE Experience staff working with you this summer. Please be as accurate and detailed as possible in order to maximize the benefits of LIFE Experience.** *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 if 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/Waiver/Release of Liability Form |  |

**Eligibility Requirements**

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

\***LIFE Experience 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 LIFE. 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 for admittance to LIFE. Final acceptance to the program will be determined by the Admissions Committee.**

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_\_/\_\_\_\_**

**Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_\_/\_\_\_\_**

**LIFE Experience Application 2018**

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

**Please select the desired session(s) for participation:** *(You may select more than one session)*

**□ Session 1 Cost-$3,900 June 3, 2018 - June 3, 2018**

 **□ Session 2 Cost-$3,900 July 1, 2018 – July 28, 2018**

**Section 1: Personal Information**

1. **Participant’s Information**

Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Parent/Guardian Information**

Participant 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Parent/Guardian Information (Alternative Contact)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Demographic**
2. 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?

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you smoke? □ Yes □ No Quantity per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you drink alcoholic beverages? □ Yes □ No Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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).*

1. **Disability or Condition (Please check all that apply)**

□ Down Syndrome □ Attention Deficit Hyperactivity Disorder

□ Cerebral Palsy □ Autism

□ Prader/Willi Syndrome □ Emotional Disorder (Bipolar, Depression, etc.)

□ Spina Bifida □ Muscular Dystrophy

□ 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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 LIFE Experience 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**

**Answer Key**

**“Y”** = Yes you already do this

**“N”** = No, you have no interest

**“T”** = You would like to try this

**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 \_\_\_\_

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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **If your applicant desires to participate in religious services, please indicate the religious preference.** *(LIFE Experience 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:**

\_\_\_\_How to read a map

\_\_\_\_How to use a city bus schedule

\_\_\_\_How to ride the city bus

\_\_\_\_How to ask others for directions

\_\_\_\_Crossing the street

\_\_\_\_Crosses street with crosswalk

\_\_\_\_Crosses 2 lanes with light

\_\_\_\_Crosses 2 lanes without light

\_\_\_\_Crosses 4 + lanes with light

\_\_\_\_Crosses 4+ lanes without light

\_\_\_\_Able to utilize a city taxi

\_\_\_\_Able to utilize a shuttle service

Specifics/Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Management Skills:**

\_\_\_\_ Able to count money

\_\_\_\_ Able to estimate cash back from a transaction

\_\_\_\_Using Cash to purchase items at a store

\_\_\_\_ Using a calculator to estimate costs during shopping (i.e. calculating sales tax and total items)

\_\_\_\_Using a Debit Card

\_\_\_\_ Keeping track of debit card spending (i.e. keeping receipts and recording spending)

\_\_\_\_ Using a Credit Card

\_\_\_\_ Keeping track of credit card spending (i.e. keeping receipts and recording spending)

\_\_\_\_Developing a budget

\_\_\_\_ Remaining within a budget

\_\_\_\_ Balancing a checkbook

\_\_\_\_ Organizing your Wallet

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Household Chore Skills:**

\_\_\_\_ Dusting

\_\_\_\_ Sweeping

\_\_\_\_ Vacuuming

\_\_\_\_ Cleaning Mirrors

\_\_\_\_ Polishing

\_\_\_\_ Washing dishes by hand

\_\_\_\_Using a dishwasher

\_\_\_\_ Doing Laundry

\_\_\_\_ Ironing

\_\_\_\_ Cleaning bathtubs

\_\_\_\_Cleaning toilets

\_\_\_\_ 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:**

\_\_\_\_ Cutting Vegetables

\_\_\_\_ Cutting Fruits

\_\_\_\_ Cutting Meats

\_\_\_\_ Using a Microwave

\_\_\_\_ Using an Oven

\_\_\_\_ Using a Stove

\_\_\_\_ Following Simple Recipe

\_\_\_\_ Using a dishwasher

\_\_\_\_ Using a toaster

**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?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **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?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What are your favorite types of meals and foods?**

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What foods do you not like?**

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

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1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_Works <2 hours \_\_\_Works 2-3 hours \_\_\_Works 3-4 hours

Specifics/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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

\_\_\_Frequent prompts with low supervision

\_\_\_Some prompts with high supervision

\_\_\_Some 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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)

**Hygiene Routines**

**Please describe your full daily hygiene routine and procedures (also list level of assistance needed, for instance, prompting, modeling, or picture schedule). Please indicate when you prefer to take showers (am or pm).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What time do you usually go to sleep?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the best way to motivate you in engaging the hygiene routine?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personality and Interpersonal Relationships**

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

\_\_\_I am very talkative

\_\_\_I am quiet

\_\_\_I take some time to open up to people

\_\_\_I like being around a lot of friends

\_\_\_I like to be by myself sometimes

\_\_\_I get nervous when I am in large crowds

\_\_\_I find it easy to make friends

\_\_\_I like to go to parties

\_\_\_I would rather stay home and read a book

\_\_\_I am happy most of the time

\_\_\_I sometimes get depressed or anxious

\_\_\_I can be moody sometimes

\_\_\_I get angry a lot

\_\_\_I am always able to see the bright side of everything

\_\_\_I know how to entertain myself

\_\_\_I prefer quiet environments

\_\_\_I am not afraid to try new things

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

\_\_\_Resistive/argumentative

\_\_\_Withdraw into silence

\_\_\_Accept criticism/do not change behavior

\_\_\_Accept criticism/change behavior

Specifics/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What event/activities make you feel upset?

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please provide additional insight into your personality and the way you interact with others that would be helpful for LIFE Experience staff 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 LIFE Experience 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 LIFE Experience. Should any of the information change prior to my enrollment in the program, I shall notify LIFE Experience.**

**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: LIFE Experience Application**
* **Please send the LIFE Experience 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**

**ACKNOWLEDGEMENT, INDEMNITY, WAIVER and RELEASE OF LIABILITY FOR PARTICIPATION in the LIFE Experience through The ARC JACKSONVILLE**

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Last First MI Gender D.O.B.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI

Legal Guardianship? *Please circle:* Yes No If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I intend for my participant to enroll in the LIFE Experience program through The Arc Jacksonville Academy (AJA), which permits adults with developmental disabilities to obtain an independent living experience. The LIFE Experience program will be located at The District on Kernan, and participants will live in District on Kernan apartments with one Housing Mentor (HM). The LIFE Experience consists of the following types of activities and/or risks for my participant: use of public and private transportation, participation in learning and social experiences with LIFE Experience staff; and other activities and experiences customarily associated with an individual learning independence skills training in an off-campus participant housing setting and interacting with others in the community.

I acknowledge that I must thoroughly read and understand the information contained in this Acknowledgement, Indemnity, Waiver and Release of Liability and provide authorization for my participant to enroll in LIFE Experience. I further acknowledge and agree that LIFE Experience may involve risk of serious bodily injury including loss of life, property damage and other hazards which may result from my participant’s involvement in LIFE Experience.

I acknowledge and agree that my participant is required to act in a responsible and appropriate manner at all times during LIFE Experience and further acknowledge and agree that I will be held responsible for my participant’s behavior. If circumstance regarding my participant’s behavior and/or medical condition are beyond the scope of the program’s expertise, I understand that my participant will be expelled from the program and that any program costs I incurred will not be returned to me by The Arc Jacksonville.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge and agree that my participant must observe all state and local laws, District on Kernan apartments and LIFE Experience participant codes of conduct, regulations and policies, including those concerning alcohol/drug use and weapons. I further acknowledge and agree that in the event that if I, or my participant have any questions regarding the applicability of LIFE Experience and/or District on Kernan regulations and laws, it is my or my participant’s responsibility to make any necessary inquiries to either LIFE Experience or District on Kernan Director. Additionally, I acknowledge and agree that my participant must observe and comply with the specific rules and conditions developed for participation in LIFE Experience.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge and agree that it is my obligation to make any necessary inquiries to the LIFE Experience Director regarding my participant’s ability, physically or otherwise, to safely participate in the program and that, prior to executing this Release, I have been provided the opportunity to inquire and discuss the possible risks and hazards to my participant resulting from his/her participating in LIFE Experience. Any questions I had regarding my participant’s ability to participate in LIFE Experience have been answered to my satisfaction, and I have received sufficient information to make a sound and voluntary decision regarding my participant’s involvement in LIFE Experience.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In exchange for The Arc Jacksonville allowing my participant’s involvement in LIFE Experience, I give The Arc Jacksonville and District on Kernan the right and permission to record his/her participation and appearance on videotape, audiotape, film, photographs, or any other medium and to use his/her name, likeness, voice and biographical information in connection with these recordings. The Arc Jacksonville and District on Kernan may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which The Arc Jacksonville and District on Kernan and their employees deem appropriate. All such recordings shall be the property of The Arc Jacksonville and District on Kernan.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please pay particular attention to paragraphs 5(a) through 5(c) regarding your risk liability:**

 **5**

* 1. In exchange for The Arc Jacksonville and District on Kernan making arrangement for permitting my participant and assisting him/her in participating in LIFE Experience, I hereby assume all risks of my participant’s involvement in LIFE Experience. Risks include, but are not limited to, transportation risks, risks of participation in the various components of LIFE Experience, and all risks related to any physical or other condition from which my participant may suffer. I acknowledge that personal accident/health insurance for my participant is not provided, and I assume personal and financial responsibility for any medical care and treatment my participant may require as the result of participating in LIFE Experience.
	2. I acknowledge and agree that there will not be medical personnel at the specific location of LIFE Experience. I further acknowledge and agree that The Arc Jacksonville and District on Kernan has been granted permission to authorize emergency medical treatment for my participant, if necessary, and that such action is subject to the terms of this Release.
	3. In exchange for The Arc Jacksonville allowing my participant to be involved in LIFE Experience and having reviewed and agreed to all acknowledgements listed in paragraphs 1 through 5(b) of this Release as detailed above, I, on behalf of my participant, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of my participant’s involvement in LIFE Experience. I release and forever discharge and covenant not to sue The Arc Jacksonville (including The Arc Jacksonville Academy and all of its officers, agents, and employees), Board of Trustees, the Florida Board of Governors, the State of Florida, their officers, agents, employees, specifically including those working under the direction of the LIFE Experience(“Releases”) from and against any all liability for any and all claims, demands, actions, causes of action of whatever kind of nature, costs, and expenses of any nature, including attorneys’ fees (“Claims”) that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss, that may be sustained by my participant, whether caused by his/her action or negligence or the action or negligence of releases or third parties in connection with The Arc Jacksonville. I also agree not to sue Releasees or Arc Jacksonville representatives/employees in connection with any such harm, loss, damage or injury. I agree to indemnify and hold Releasees harmless from and against all claims asserted against any of the Releasees by any entity based upon my participant’s involvement in LIFE Experience.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge and agree that should any provision or aspect of this Release be found to be unenforceable, all remaining provisions of this Release will remain in full force and effect. Further, I acknowledge and agree that this Release shall be construed pursuant to the laws of the State of Florida and that the venue for any legal proceeding concerning this Release shall be in Jacksonville, Duval County, Florida.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge, understand and agree that all rooming is done with the intent to only provide the best roommate relationships possible with the limited knowledge through participant applications. LIFE Experience and The Arc of Jacksonville are not required to make any roommate changes or take any requests once the LIFE Experience begins. Under no circumstances shall participants change their own room assignments. Residents who choose to make room changes on their own will face fines and fees. LIFE Experience will do everything possible to rectify an unpleasant roommate relationship through peer mentoring, team building, and peer-to-peer counseling.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge, understand and agree that some program participants and/or apartment roommates may have different religions, disability affects, cultures, sexual orientation, and/or value systems. LIFE Experience and Arc Jacksonville does not support, cater to, or instill any of these above mentioned self-identifications upon any participant.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also acknowledge, understand and agree that Life experience policy states that staff cannot enforce participant’s attendance to requested religious services and cannot enforce political or personal values unto participants upon parental request.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read, understand, and acknowledge that through initialing each of the nine (9) sections above in this 4-page Release that I acknowledge the terms of this Release and that I and my participant must comply with the information and directions as described above and intend to be bound by the terms contained in this release and that I have voluntarily executed the Release.**

Dated this\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant of LIFE Experience