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 is filled out and all documentation is included before submitting the application.

<table>
<thead>
<tr>
<th>Guardian Initial</th>
<th>Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligibility Requirements Page</td>
</tr>
<tr>
<td></td>
<td>Section 1: Personal Information</td>
</tr>
<tr>
<td></td>
<td>Section 2: Medical Information</td>
</tr>
<tr>
<td></td>
<td>Section 3: About you</td>
</tr>
<tr>
<td></td>
<td>Medical Documentation</td>
</tr>
<tr>
<td></td>
<td>(allergies, special dietary requirements, etc)</td>
</tr>
<tr>
<td></td>
<td>Letter of Recommendation</td>
</tr>
<tr>
<td></td>
<td>(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)</td>
</tr>
<tr>
<td></td>
<td>Photograph (headshot) of Applicant</td>
</tr>
<tr>
<td></td>
<td>Copy of Most Recent Support Plan</td>
</tr>
<tr>
<td></td>
<td>Copy of Photo I.D.</td>
</tr>
<tr>
<td></td>
<td>Copy of Medical Insurance Card</td>
</tr>
<tr>
<td></td>
<td>Power of Attorney/Guardianship/Medical Proxy/Documentation</td>
</tr>
<tr>
<td></td>
<td>(if applicable)</td>
</tr>
<tr>
<td></td>
<td>Signed Acknowledgement/Waiver/Release of Liability Form</td>
</tr>
</tbody>
</table>
Eligibility Requirements

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

*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.
LIFE Experience Application 2020

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  May 31, 2020 - June 27, 2020


Section 1: Personal Information

A. 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_____________________________________________________________

B. Parent/Guardian Information

Participant resides with: ☐Mother  ☐Father  ☐Both  ☐Foster Parent  ☐Group Home

☐ Other____________________________

1. Parent/Guardian Information (Primary Contact)

Name___________________________________________________________
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)
 □ Down Syndrome         □ Attention Deficit Hyperactivity Disorder
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 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

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.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. 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:

<table>
<thead>
<tr>
<th>Answer Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Y” = Yes, I already do this</td>
</tr>
<tr>
<td>“N” = No, I have no interest</td>
</tr>
<tr>
<td>“A” = I can do this with assistance</td>
</tr>
</tbody>
</table>

**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?
______________________________________________________________________________

______________________________________________________________________________

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

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

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

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

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

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

9. What foods do you not like?
10. Do you eat a healthy balance between fruits, vegetables, meats, and dairy products?

_____________________________________________________________________________________

_____________________________________________________________________________________

11. 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
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
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 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

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

Resistive/argumentative
With the exception of the table, the text reads as:

___Withdraw into silence

___Accept criticism/do not change behavior

___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 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:

The Arc Jacksonville
ATTN: Scott Holt - LIFE Experience
1050 North Davis Street
Jacksonville, FL 32209

(904)355-0155
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

a. 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.

b. 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.

c. 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, 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.

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.

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.

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