



Project LIFE Intern Application

Directions: Please complete the following application in its entirety to apply to HCBDD Project LIFE Program.

SECTION 1: APPLICANT INFORMATION

Applicants Name: _____	DOB: _____
Applicant's Address: Street: _____ City: _____ State: _____ Zip Code: _____	All Project LIFE Applicants must be HCBDD eligible, Is the applicant HCBDD eligible? ___ Yes ___ NO Applicant's Home School and graduation year: _____
Is the applicant on track to meet all high school graduation requirements by the end of this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No ___ Not Applicable (N/A)	Will the applicant be at least 18 years old by the start of the HCBDD Project LIFE session? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have the desire to work in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is completing this application: Name: _____ Email: _____
Are you able to provide an IEP/ETR for review? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant Shirt Size: _____

SECTION 2: PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____	Address: _____
Email Address: _____	Phone: _____

Parent/Guardian 2 Name:	Address:
Email Address:	Phone:

SECTION 3: ADDITIONAL APPLICANT INFORMATION

Will the applicant be his/her own guardian at the start of the program year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Has the applicant ever held a part-time job in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant ever quit his/her job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the applicant has ever quit his/her job, please describe the reason(s) and circumstances related to the applicant quitting. _____	
Has the applicant ever been fired from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the applicant has ever been fired from his/her job, please describe the reason(s) and circumstances related to the applicant being fired. _____	
Which of the following goals best describes the applicant's plan after completing the Project LIFE program?	Mark only one <input type="checkbox"/> Pursue part-time employment <input type="checkbox"/> Pursue full-time employment <input type="checkbox"/> Pursue post-secondary education <input type="checkbox"/> Take time off before pursuing employment
Which of the following choices best describes the applicant's living arrangements?	Mark only one <input type="checkbox"/> Lives with parent(s)/guardian(s) <input type="checkbox"/> Lives in a supported living arrangement <input type="checkbox"/> Lives with friends independently <input type="checkbox"/> Lives Independently
Which of the following best describes the applicant's plans for living arrangements after completing the Project LIFE program?	Mark only one <input type="checkbox"/> Live with parent(s)/guardian(s) <input type="checkbox"/> Live in a supported living arrangement <input type="checkbox"/> Live with friends independently <input type="checkbox"/> Live alone independently

<p>Which of the following best describes the applicant's future transportation options?</p>	<p>Mark only one</p> <p><input type="checkbox"/> Has driver's license and access to vehicle</p> <p><input type="checkbox"/> Working toward license/access to vehicle</p> <p><input type="checkbox"/> Utilizes public transportation</p> <p><input type="checkbox"/> Relies on parent(s)/guardian(s) for transportation In the foreseeable future</p> <p><input type="checkbox"/> Unsure</p>
<p>Does the applicant use technology? If yes what?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe what _____</p>
<p>Does the applicant set the alarm with:</p>	<p>Mark only one</p> <p><input type="checkbox"/> No assistance</p> <p><input type="checkbox"/> Minimal assistance</p> <p><input type="checkbox"/> Occasional assistance</p> <p><input type="checkbox"/> Does not set the alarm</p>
<p>Does the applicant get up in the morning on his/her own?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>The applicant preforms daily care with:</p>	<p>Mark only one</p> <p><input type="checkbox"/> No assistance</p> <p><input type="checkbox"/> Minimal assistance</p> <p><input type="checkbox"/> Occasional assistance</p> <p><input type="checkbox"/> Total assistance</p>
<p>Does the applicant perform daily care (grooming, dressing, feminine hygiene, etc.) on his/her own?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>The applicant prepares daily meals with:</p>	<p>Mark only one</p> <p><input type="checkbox"/> No assistance</p> <p><input type="checkbox"/> Minimal assistance</p> <p><input type="checkbox"/> Occasional assistance</p> <p><input type="checkbox"/> Total assistance</p>
<p>If assistance is needed, who assists the applicant, and to what degree?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

<p>How long does the applicant stay at home alone?</p>	<p>Mark only one</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not stay at home without family supervision <input type="checkbox"/> Stays at home alone for up to 15 minutes <input type="checkbox"/> Stays at home alone for up to one hour <input type="checkbox"/> Stays at home alone for up to six hours <input type="checkbox"/> Stays at home alone for more than six hours at a time <input type="checkbox"/> Other: _____
<p>What is the applicant's level of community involvement?</p>	<p>Mark all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not go into the community without direct family supervision <input type="checkbox"/> Participates in community activities with friends (movies, mall, bowling, etc.) <input type="checkbox"/> Participates in structured community activities (sports teams, art class, Special Olympics, etc.) <input type="checkbox"/> Independently navigates the community to perform brief tasks (making a purchase, going to a movie, etc.) <input type="checkbox"/> Independently navigates the community <input type="checkbox"/> Other: _____
<p>How does the applicant communicate with family and friends?</p>	<p>Mark all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not communicate verbally or through the use of communication devices or picture system <input type="checkbox"/> Communicates using single words either verbally or using a communication system <input type="checkbox"/> Communicates using phrases but is not easily understood <input type="checkbox"/> Communicates using simple sentences either verbally or using a communication system <input type="checkbox"/> Communicates clearly using complex sentences verbally or using a communication system
<p>What level of experience has the applicant had in the use of money?</p>	<p>Mark only one</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not make personal purchases even with direct support <input type="checkbox"/> Makes personal purchases with the support of a family member <input type="checkbox"/> Makes personal purchases of a single item independently <input type="checkbox"/> Makes personal purchases of multiple items independently <input type="checkbox"/> Makes personal purchases of multiple items independently and keeps track of their own account balance

Section 4: Medication Information

Does the applicant take medication on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which of the following choices best describes the applicant's needs regarding medication?	Mark only one <input type="checkbox"/> Does not take medication regularly <input type="checkbox"/> Able to take any needed regular medication independently <input type="checkbox"/> Regular medications are taken at home <input type="checkbox"/> Needs reminders to take regular medication during Project LIFE program day

Section 5: Applicant Statements: The following responses must come directly from the applicant. (A scribe may assist with a verbatim response if needed).

How has your disability impacted your life? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Why do you think you are a good candidate for Project LIFE? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Return to completed application to: Nicole Gunka, Director of Community Supports

Hand Deliver to 1700 East Sandusky Street Findlay, Ohio 45840

Fax to: (419)425-7073

Email to: ngunka@blanchardvalley.org