LIFEE NEW STUDENT APPLICATION

DATE: _____ PERSON COMPLETING FORM:_____

Name of Applicant: _____
Last First Middle

Address:_____

City:_____ State: _____ Zip:_____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Social Security #: _____-_____-_____ Date of Birth _____/_____/_____ Age: _____

Diagnosis: _____

Ethnicity (for demographic purposes only): _____

Please answer the following questions:

Who is the applicant currently living with? _____

What is their relationship to applicant? _____

FAMILY INFORMATION

Mother's Name:	Father's Name:
Address:	Address:
Best Contact Number:	Best Contact Number
Email Address:	Email Address:
Employer Name:	Employer Name:

Person Responsible for payment of fees:
Address if different than above:
Best contact number of responsible payer:
Email address:

SIBLING INFORMATION

Name:	Age:	Address:	Phone:	Email

In case of emergency and unable to reach parents of siblings, please notify:

Name: _____

Best contact number: _____

FUNDING AND BENEFITS

	SSI		Housing Assistance
	SSDI		Utility Discount
	Food Stamps		Other:
	Alabama Medicaid Waiver		Medicare/Medicaid

Has the applicant applied for Alabama Rehabilitation Services (ADRS)? Yes: _____ No: _____

Please provide the rehabilitation counselor's name: _____

GUARDIANSHIP

Does the Applicant have a Legal Guardian: Yes: _____ No: _____

If so, who is the Applicant's Legal Guardian? _____

EDUCATIONAL HISTORY

School(s) Attended & Address	**Dates**	**Diploma/Certificate/Degree**

What are the Applicant's areas of academic strength?

_____

_____

What are the Applicant's areas of academic weakness?

VOCATIONAL HISTORY

Please list the two most recent work experiences, starting with the most recent:

Most recent Employer's name: _____

Supervisor's Name: _____

Position Filled: _____

Duties: _____

Dates of Employment: _____

Type of Employment:

- Paid Competitive
- Non-paid internship
- Non-paid school/work experience
- Paid school experience
- Other: _____

If paid, what was the hourly rate of pay? _____ Number of hours worked per week? _____

Did participant receive job coach supports? Yes: _____ No: _____

How was the positioned obtained? ____ADRS ____ School System ____ Vocational Program
____Family/Friends _____Other :_____

Reason for leaving: _____

#2 Employer's name: _____

Supervisor's Name: _____

Position Filled: _____

Duties: _____

Dates of Employment: _____

Type of Employment:

- Paid Competitive
- Non-paid internship
- Non-paid school/work experience
- Paid school experience
- Other: _____

If paid, what was the hourly rate of pay? _____ Number of hours worked per week? _____

Did participant receive job coach supports? Yes: _____ No: _____

How was the positioned obtained? ____ADRS ____ School System ____ Vocational Program
____Family/Friends _____Other :_____

Reason for leaving: _____

Question	Yes	No	If yes, please describe:
Does the applicant have mobility of physical impairment?			
Is the individual blind or visually impaired?			
Is the applicant deaf or hearing impaired?			
Does the applicant drive?			Licensing state? Permit?
Does the applicant use public transportation?			
Does the applicant have an Alabama ID (non-driver)			

MEDICAL HISTORY

Name of Primary Care Physician: _____

Physician's Telephone: _____

Applicant's Developmental History:

Age at which symptoms were first observed: _____

Please describe: _____

At what age was professional help first sought? _____

What was the initial diagnosis? _____

Additional diagnosis? _____

Has the applicant ever been hospitalized for any reason? Yes: _____ No: _____

If yes, please provide the reasons and dates:

_____

_____

Does the applicant take any prescription medications: Yes: _____ No: _____

If yes, please provide details:

Medication:	Dosage:	Frequency:	Condition:

Please detail the applicant's ability to self-medicate:

_____

_____

Does the applicant wear: Eyeglasses: _____ Contact Lenses: _____

Does the applicant wear hearing aids(s): Yes: _____ No: _____

Describe the impact on functioning from visual or hearing difficulties:

_____

_____

Describe the impact on functioning related to any speech and language issues:

_____

_____

Describe the impact on functioning related to any physical limitations:

_____

_____

Does the applicant have allergies? Yes: _____ No: _____

If yes, describe allergies and any precautions: _____

_____

Does the applicant have any seizure disorders? Yes: _____ No: _____

Described the nature of the seizure disorder: _____

Are seizures controlled by medication? Yes: _____ No: _____

When was the last time the applicant had a seizure? _____

Describe any other medical issues or concerns: _____

BEHAVIORAL HISTORY

Has the applicant	Yes	No
Been suspended from school?		
Been arrested?		
Had any legal problem or current litigation?		
Abused alcohol?		
Abused drugs?		
Been physically, sexually, or emotionally abused?		
Presented a danger to self or others?		
Been hospitalized for problems related to emotions, behavior, drugs, or alcohol?		
Smoked cigarettes?		
Acted out when angry or distressed?		
Had difficulties telling the truth consistently?		
Committed theft?		
Had any traffic/driving violations?		

If you have checked "Yes" for any item above, please provide us with some information about the behavior: _____

Describe the applicant's current behavioral strengths and weaknesses:

SOCIAL INFORMATION

What are the applicant's main interests or hobbies?

Does the applicant:	**Yes:**	**No:**
Make friends easily?		
Interact comfortably with peer group?		
Make friends in his/her own age group?		
Regularly choose to spend time with peers?		
Regularly phone, text, or email others?		
Use social network sites on the internet?		
Show interest in dating?		
Have difficulty discerning appropriate vs inappropriate social behavior?		

Please describe the applicant's social strengths and weaknesses:

Please identify any concerns and or safety risks that you are aware of in the following categories:

Independent Living: _____

Employment: _____

Social Situations: _____

Educational: _____

What are your immediate goal in working with the LIFEE program?

_____

_____

_____

REFERRAL INFORMATION:

How did you hear about us? _____

STUDENT FIELD TRIPS:

Students will be taking field trips during Arts 'n Autism's LIFEE Program. These trips are planned to enrich the curriculum. All trips are well organized and supervised. Prior to trips, your participant will receive details of the trip including the place and what they will need to participate.

I agree that _____ should be allowed to participate in these field trips and understand that the students will be instructed in the rules of safety for these trips and that every safety precaution will be taken by the staff.

In the case of an accident, injury, or illness, I permit my child to be given emergency treatment at the nearest medical facility, and I will be responsible for all costs involved. I understand all measures will be taken to contact me if emergency care is required.

_____ _____

Parent/Guardian Signature Date

PERMISSION TO TRANSPORT

I, _____, do hereby freely grant the Arts 'n Autism LIFEE program permission to transport (in the Arts 'n Autism bus or a contracted bus) my child _____ to and from any and all locations within the Tuscaloosa metro area to attend activities planned by the Arts 'n Autism LIFEE program.

I further release the Arts 'n Autism LIFEE Program from any and all claims for any injuries that could be sustained directly or indirectly during the transport of my child.

_____ _____

Parent/Guardian Signature *Date*

SAFETY SEAT ADDENDUM

I, _____, do freely grant the Arts 'n Autism LIFEE program to transport (in the bus owned by Arts 'n Autism or a contracted bus) my child, _____, I understand that my child will be securely buckled in with a seat belt in the bus or a contracted bus.

_____ _____

Parent/Guardian Signature *Date*

SOCIAL LIFEE WAIVER

By signing below you signify that you are aware that social activities such as Social LIFEE nights coordinated by LIFEE or LIFEE participants are extracurricular in nature and an outside activity for which Arts 'n Autism and the LIFEE program assumes no liability. You agree to hold harmless Arts 'n Autism, the LIFEE program, all staff, and directors for any occurrence of injury that may be sustained during any of these events.

_____ _____

Parent/Guardian Signature *Date*

FINANCIAL RESPONSIBILITY

I AGREE TO PAY THE FULL AMOUNT OF MY CHILD'S TUITION FOR THIS SEMESTER LESS ANY FINANCIAL ASSISTANCE AWARDED. I understand such assistance can be awarded through ADRS funding, grant funding, or private scholarship assistance. I also understand that the amount of awardable scholarships is limited and are awarded based on financial need and parent/student participation. I agree that if awarded Arts 'n Autism funding I agree to satisfy volunteer commitments commensurate with the amount awarded in tuition based on an agreed upon hourly rate. I agree to fill out an application for financial aid if such assistance is needed and I meet the requirements.

_____ _____

Parent/Guardian Signature Date

PLEASE FILL OUT AND SIGN THE FOLLOWING IF ANOTHER PARTY IS RESPONSIBLE FOR PAYING YOUR PARTICIPANT'S BILL:

I, _____, agree to pay _____% of _____'s tuition bill.

Home Address: _____

Home/Cell Phone: _____

Work Address: _____

Work Phone: _____

Email Address: _____

_____ _____

Responsible Party's Signature Date

EMERGENCY TREATMENT RELEASE

In the event of an accident, injury, or illness, I permit my child_____ to be given emergency treatment at the nearest medical facility, and I will be responsible for all costs involved. I understand that all measures will be taken to contact me if emergency care is required.

_____ _____

Parent/Guardian Signature Date

PHOTOGRAPH/VIDEOTAPE RELEASE

I, _____, do hereby freely grant the Arts 'n Autism LIFEE program permission to photograph and videotape my child _____ for public relations in any media, including but not limited to : the Arts 'n Autism website, Facebook, Instagram, Arts 'n Autism promotional material and local news and/or media. I

further release the Arts 'n Autism LIEE program from any and all claims for damages for libel, slander, invasion of the right to privacy, and any other claims based on, arising out of, or connected with the use of such photographs/videotapes.

_____ _____

Parent/Guardian Signature Date:

DEMOGRAPHIC INFORMATION

(Optional; we use this information for statistics and grant funding only)

_____ _____

Language spoken at home Ethnic origin

Family structure:
_____2 parent household
_____1 parent household
_____Foster
_____Other: _____

_____ Number of household members

Household Income:
_____Less than $15,930/year
_____More than $15,930/year

Revision: 1/18/2018