



2019-20 ACHIEVE Application for Admission

Applicant Information

Applicant Name: _____ Date: _____

Last First M.I.

Address: _____ Apartment/Unit #

Street Address

City State ZIP Code

Phone: _____ Email: _____

Education History

High School: _____

- I am attending high school. I expect to graduate in _____ (year).
I graduated from high school in _____ (year).

Did you attend a Transition Program? Yes No Currently attending

Transition Program: _____

School District: _____

Planned Exit Date: _____

Employment Services Information

Are you currently working with an employment vendor? Yes No
If yes, which one? _____

Have you worked with an employment vendor in the past? Yes No
If yes, which one? _____

Employment and Volunteer History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Demographics

- ACHIEVE reports demographic and outcome data to an independent evaluator.
- No personally identifying information is shared.
- Your participation is voluntary and does not affect your chance of acceptance. You are not required to answer the next three questions, but we ask that you do.
- Your answers help secure continued funding for ACHIEVE and other programs for individuals with intellectual disabilities.
- Information will be kept confidential and used for research purposes only.

Demographics (continued)

Identified Disability(ies):

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Blind/Visual impairment | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Other – please specify _____ |

What is your ethnicity?

- Hispanic or Latino Not Hispanic or Latino

What is your race?

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Unknown or choose not to answer

What was your household's income in 2018? *If you are under the age of 24 please include your parent(s) (including step-parent) income even if you don't live with them.*

- < \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$200,000
- > \$200,000

Services

Do you receive Social Security benefits? (Please check one)

I receive:

- SSI
- SSDI
- SSDAC
- I have not applied
- I am currently applying
- I am not eligible

Are you eligible for Developmental Disability Administration services? (Please check one)

- I am currently applying
- I am eligible
My DDA Case Manager's name is: _____
- I am not eligible
- I have not applied
- Will you be participating in the School to Work program?
 - Yes
 - No
 - Unsure

Are you eligible for Division of Vocational Rehabilitation services? (Please check one)

- I am currently applying
- I am eligible
My DVR Case Manager's name is: _____
Office: _____
- I am not eligible
- I have not applied

Program Agreements

The number of applicants accepted into the ACHIEVE program is limited and therefore you must agree to participate and complete all parts of the program and follow designed timelines within the certificate you are earning.

1. I understand that my schedule will change from quarter to quarter and, depending on my campus activities, may vary during the quarter.
Yes No
2. Are you willing to independently navigate campus after initial training and support?
Yes No
3. Are you willing to participate in and attend a minimum of three campus events/clubs per quarter?
Yes No
4. Are you willing to register for classes that meet the learning outcomes of the ACHIEVE certificate(s) and complete all required ACHIEVE classes?
Yes No
5. Are you willing to work collaboratively with your team to plan classes, campus and career activities?
Yes No
6. Are you willing to participate in the employment portion of this program, including:
 - a. Following program timelines for internships, linkage with adult services, community-based assessments (CBAs), and job search; and
 - b. Linking with adult services, such as Division for Vocational Rehabilitation (DVR) Developmental Disabilities Administration (DDA), and/or Social Security?Yes No
7. Are you willing to be the main point of contact between your family and ACHIEVE and college staff?
Yes No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____