

Community Support Services - 5100 Tice Street - Fort Myers, Florida 33905 - 239.995.2106

PATHWAYS TO OPPORTUNITY Admission Application

Applicant: the following information MUST be attached for consideration:

Application Date: _____

ISP/IP/IEP

Goodwill Health Form

BSP (if applicable)

Proof of Guardianship (if applicable)

Section 1 - Personal Information:

Legal Name: _____

Nick Name or Preferred Name: _____

Street Address: _____ Phone Number _____

City, State, Zip Code _____ Alternate Phone _____

_____ Number _____

Social Security Number: _____ Medicaid Number: _____

Date of Birth	Gender	Race	Ethnicity

Does individual have a *legal* guardian? Yes No Type of guardianship _____

Name of Guardian: _____ Phone Number: _____

Alternate Phone _____

Guardian Email: _____ Number: _____

Emergency Contacts:

Relationship	Name	Complete Address	Phone Number
Legal Guardian			

Schedule:

Please check the boxes for the days of interest

Monday Tuesday Wednesday Thursday Friday

Living Situation:

Family Group Home Independently Other: _____

Supervision Level:

Please list how much alone time you (applicant) have: **Minutes:** _____ **Hours:** _____ **Days:** _____

Please circle the range of supervision you (applicant) require:

Hearing **Visual** **Arms Reach** **Visual Checks-15 minutes**

Please circle the appropriate ratio you (applicant) should be in for classes: **1:1** **1:3** **1:5** **1:10**

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Do you (the applicant) have a job? Yes No If **Yes**, what is the current Job and/or Work Location:

Are you (the applicant) currently attending an Educational Program? Yes No

Section 2 - Program Information:

How will tuition be paid?

Private pay Medicaid Waiver (iBudget) Other: _____

Is applicant registered with Florida’s Agency for People with Disabilities (APD)? Yes No

Is the applicant “waitlisted” for Florida’s Medicaid Waiver (iBudget)? Yes No

Does applicant have Florida’s Medicaid Waiver (iBudget)? Yes No If **yes**, complete information below.

Name of Support Coordinator	Phone Number	Email

Section 3 - Individual Questionnaire - Please take the time to complete the following list of questions.

How best do you (the applicant) communicate with those around you? (check all that apply)

- Verbally
- ASL
- Device
- Gesture
- Non-Verbal
- Picture Board
- Lip Reading
- Written Communication
- Other: _____

Personality Questions - Do/Can you (the applicant).....

	YES	NO	Sometimes
1. ...independently carry on a conversation with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...follow simple requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...able to understand simple sentences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...independently plan leisure time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ...engage in hobbies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...develop friendships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...take direction well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...work well as part of a team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavior Questions - Do/Can you (the applicant)....

	YES	NO	Sometimes
9. ...engage in aggressive, violent or self-abusive behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes or Sometimes – Explain: _____

10. ...have a Behavior Support Plan (BSP) (If Yes, then attach to application) <input type="checkbox"/> Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ...stay with the group during activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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12. ...interact appropriately with peers?
13. ...are you appropriate with respect to sexual behaviors?

If No or sometimes – Explain: _____

Assistance Questions - Do/Can you (the applicant)....

- | | YES | NO | Sometimes |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| 14. ...need assistance eating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If Yes or Sometimes – Explain: _____

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 15. ...successfully leave a group, go to the restroom and return independently?? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. ...take care of personal toileting needs independently? (no staff required) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If No or sometimes – Explain: _____

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 17. ...independently take care of personal hygiene needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. ...take medication independently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. ...ask questions when needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. ...know what to do in case of an emergency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. ...change own clothes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. ...set limits with strangers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. ...demonstrate safe pedestrian skills in the community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. Do you use any adaptive equipment that you will bring to Goodwill?

- | | | |
|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Electric Wheelchair | |
| <input type="checkbox"/> Safety Vest | <input type="checkbox"/> None | |

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 25. ...stand for long periods of time?? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. ...walk for long periods of time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. ...lift more than 5lbs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(circle if more): 10lbs 20lbs 35lbs 50lbs

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 28. ...have computer skills; using a mouse, typing on a keyboard, using the internet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. ...bend to the ground, reach above your head, and walk up flights of stairs with ease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If No – Explain: _____

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Learning Style

I learn best by (check all that apply)

- Being shown (modeling, prompts or demonstration)
- Tell me how to do it (verbal prompts)
- Nudge me (physical prompts)
- Explain it to me (verbal prompts with discussion)
- Do task with me a few times (repetition)
- Show me pictures of how to do it

Transportation

How will applicant arrive and depart program daily? _____

Who should be contacted if applicant is not picked up at 3:45 p.m.?

Name: _____

Name: _____

Phone: _____

OR

Phone: _____

Phone: _____

Phone: _____

Does applicant need assistance in and out of van? Yes No

If yes explain: _____

Does applicant need assistance securing seatbelt? Yes No

During program hours classes may take trips into the community using Goodwill vehicles or partnering agencies vehicles. Is there any additional information that needs to be known regarding the applicant during transportation?

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Section 5 - Interest Assessment

What activities have you (the applicant) enjoyed in the past? _____

What new activities would you (the applicant) like to try? _____

What would you (the applicant) like to get out of coming to Pathways to Opportunity? _____

If you (the applicant) could be anything in the world, what would it be? _____

Please check below, all that you (the applicant) have an interested in:

- Creative Expression
- Education
- Recreation
- Service Learning
- Employment Exploration
- Other: _____

Description	Interest	No Interest	Comments
Arts: Drawing, painting, photography, pottery, candles, ceramics, knitting, scrapbooking, crafting			
School Classes: Book club, money, world religion, journaling, hand writing, foreign languages, transportation training			
Music: Dancing, music appreciation, instruments, singing			
Ball Sports: Softball, basketball, flag football, golf, kickball, soccer, tennis, volleyball			
Other Sports: Cheerleading, gymnastics, biking, wall climbing, roller skating, track/field, martial arts, water sports, swimming			
Low Impact: Walking, exercise equipment, yoga, aerobics			
Educational: Stress Management, Anger Management, community, nutrition, computers, first impressions, relationships, life experiences			
Social: Current events, relationship building, volunteering, performance art, party planning			
Technology: Basic computer, internet safety, graphic arts			
Outdoor Activities: Boating, fishing, camping, gardening, nature studies, yard games			
Internships: Sports & Fitness, event planning, Library, Marketing			



Good for Families,
Good for Communities!

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Please write down additional notes that you would like to share with us below. Please list things we should know about you, the participant. (example: refuses to wear a coat, cannot access the internet, subject to dehydrating, cannot tie shoes, enjoys being alone when upset, triggers, etc.).

Application Completed by: _____ Date: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return this form and supplemental documents to:

Megan Feeney, Director of Disability Support Services
 Goodwill Industries of Southwest Florida, Inc.
 5100 Tice Street, Fort Myers, FL 33905
meganfeeney@goodwillswfl.org
 Phone: 239.995.2106 ext. 2228
 Fax: 239.652.1655

Official Use:

CSS Enrollment Staff to Complete:

Date Received	Funding Source?	Medicaid Waiver?	Program Enrolled	Assigned Supervisor	Enrollment Date
Health Form	Prior Authorization?	Therap?	APD Tracking	Attendance Sheet	BSP (if applicable)