

# Goodwill's Pathways to Opportunity

## GENERAL ADMISSION CRITERIA

Individuals considered for admission to Pathways to Opportunity program must be eligible for services under the State of Florida, Agency for Persons with Disabilities (APD)/Florida Medicaid Waiver program or meet Federal Criteria for Developmental Disability (i.e. an individual with severe function limitation in three (3) or more major life activities). Goodwill Industries of Southwest Florida, Inc. does not discriminate on the basis of race, creed, color, sex, age, national origin, or veteran status.

Pathways to Opportunity program will adhere to guidelines in Florida Administrative Code Rule 65G-3.002 regarding all admissions to services. Additionally, individuals considered for admission must meet the following criteria:

1. Be at least 22 years of age or have successfully completed high school and been awarded a special or in some cases general high school diploma.
  - a. Exceptions to the Admission Criteria will be considered for individuals who have exited High School between 18-21 or wish to attend during summer months that regular school is not in session. These individuals are notified that state/federal funding support may not begin until age 22.
2. Must have transportation to and from program site.
3. Demonstrate a reasonable expectation for full program participation.
4. Able to benefit from participation in the program.
5. Competency in basic personal care skills (toileting, dressing, and feeding). \*
6. Ambulatory or mobile non-ambulatory. \*
7. Substance abuse in full remission
8. Possess functional communication skills. \*
9. Controlled medication (self-medicate) and/or physical condition.\*
10. Impairment or conduct not dangerous to self or to others.
11. Demonstrate no serious danger to others, staff, themselves, or property – no recent history of aggressive or violent behavior.
12. Does not have a felony arrest or conviction.
13. Relevant referral information on file which includes current medical, psychological evaluations documenting stability of disability condition, and criminal history if applicable.
14. Be a recipient of Medicaid Waiver or APD General Revenue, unless private pay or third party sponsorship is available.

\* Goodwill may be able to serve if resources can be arranged for person served.

Pathways to Opportunity program is NOT staffed or equipped to provide services to individuals with:

- Feeding tubes, tracheotomies, ostomies, indwelling catheters
- Pressure sores requiring medical intervention
- Other physical conditions requiring on-site medical care
- Behavioral issues resulting in:
  - o Sexual assault
  - o Physical assault
  - o Serious self-injury
  - o Use of physical or mechanical restraints
  - o Suicide attempts

Each individual who begins receiving services in the Pathways to Opportunity program will be subject to a probationary period of ninety (90) calendar days. During this period, the appropriateness of the individual's placement will be evaluated in relation to the admission criteria described above. Goodwill Industries of Southwest Florida, Inc. will adhere to all standards outlined in the Florida Administrative Code Rules 65G-3.003, 65G-3.004, 65G-3.005, regarding reduction, suspension, or termination of services.

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

**PATHWAYS TO OPPORTUNITY Health Information Form**

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Guardian Email: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

**Emergency Contacts:**

<i>Relationship</i>	<i>Name</i>	<i>Phone Number</i>	<i>Alternate Phone Number</i>

Diagnosed Disability: \_\_\_\_\_

**Do you (the applicant) have any of the following:..**

- |  | YES                      | NO                       | Sometimes                |
|--|--------------------------|--------------------------|--------------------------|
| 1. ...Seizures   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Provide specific instructions, triggers, etc. for seizures:</b> _____ |                          |                          |                          |
| 2. ...Heart Problems   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. ...High Blood Sugar   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ...Low Blood Sugar  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ...Diabetes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ...Allergies  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Allergy and reaction:** \_\_\_\_\_

- |                                |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| 7. ...Reaction to Insect Bites | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ...Food Restrictions        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Restrictions:** \_\_\_\_\_

- |                            |                          |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------|
| 9. ...Medication Allergies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------|--------------------------|--------------------------|--------------------------|

**Allergy and reaction:** \_\_\_\_\_

**Please explain all "YES" answers from above:**

\_\_\_\_\_

\_\_\_\_\_



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Good for Communities!

### PATHWAYS TO OPPORTUNITY Health Information Form

**Medication Information:** Medication must be taken independently at program.

Please complete form completely (can use back or additional paper if needed).

Medications	Dosage & Times	Reasons for Medications	Drug Allergies & Signs
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Please notify Pathways to Opportunity Supervisor of any medication changes throughout services.

Primary Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Questions about you (the applicant)...**

Have alone time?  Yes  No If yes, how much per day? Minutes: \_\_\_\_\_ Hours: \_\_\_\_\_ Days: \_\_\_\_\_

If sunscreen is needed for outdoor activities, who should apply?  Self  Staff  Other: \_\_\_\_\_

Can leave the group and independently use the restroom and return?  Yes  No

Do you smoke?  Yes  No

Pathway to Opportunities Program provides a variety of physical activities in a range of environments depending upon individuals' choices. Please comment on any physical limitation you (the applicant) might have in doing physical activities and any concerns for environment/weather.

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**PATHWAYS TO OPPORTUNITY Health Information Form**

**Emergency Medical Authorization**

In the event that reasonable attempts to contact the parent or guardians has been unsuccessful;  
I \_\_\_\_\_ hereby give my consent for the admission to hospital or any treatment for  
\_\_\_\_\_ as deemed necessary.

Participants Name

**Application Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note - **Please send completed form to:**  
Megan Feeney, Director of Disability Support Services  
5100 Tice Street, Fort Myers, FL 33905  
meganfeeney@goodwillswfl.org  
FAX: 239-652-1655  
Phone: 239.995.2106 ext. 2228

**This health form will be updated annually for quality assurance purposes.**

**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**

**PATHWAYS TO OPPORTUNITY Admission Application**

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

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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"/>

**PATHWAYS TO OPPORTUNITY Admission Application**

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)....**

- |  | <b>YES</b>               | <b>NO</b>                | <b>Sometimes</b>         |
|--|--------------------------|--------------------------|--------------------------|
| 14. ...need assistance eating?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If Yes or Sometimes – Explain:</b> _____                                      |                          |                          |                          |
| 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"/> |
| <b>If No or sometimes – Explain:</b> _____                                       |                          |                          |                          |
| 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?

- Cane                      Manual Wheelchair                      Other: \_\_\_\_\_
- Walker                      Electric Wheelchair
- Safety Vest                      None

25. ...stand for long periods of time??
26. ...walk for long periods of time?
27. ...lift more than 5lbs?

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

28. ...have computer skills; using a mouse, typing on a keyboard, using the internet?
29. ...bend to the ground, reach above your head, and walk up flights of stairs with ease?
- If No – Explain:** \_\_\_\_\_

**PATHWAYS TO OPPORTUNITY Admission Application**

**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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PATHWAYS TO OPPORTUNITY Admission Application**

**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
<b>Arts:</b> Drawing, painting, photography, pottery, candles, ceramics, knitting, scrapbooking, crafting			
<b>School Classes:</b> Book club, money, world religion, journaling, hand writing, foreign languages, transportation training			
<b>Music:</b> Dancing, music appreciation, instruments, singing			
<b>Ball Sports:</b> Softball, basketball, flag football, golf, kickball, soccer, tennis, volleyball			
<b>Other Sports:</b> Cheerleading, gymnastics, biking, wall climbing, roller skating, track/field, martial arts, water sports, swimming			
<b>Low Impact:</b> Walking, exercise equipment, yoga, aerobics			
<b>Educational:</b> Stress Management, Anger Management, community, nutrition, computers, first impressions, relationships, life experiences			
<b>Social:</b> Current events, relationship building, volunteering, performance art, party planning			
<b>Technology:</b> Basic computer, internet safety, graphic arts			
<b>Outdoor Activities:</b> Boating, fishing, camping, gardening, nature studies, yard games			
<b>Internships:</b> Sports & Fitness, event planning, Library, Marketing			



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**PATHWAYS TO OPPORTUNITY Admission Application**

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.).

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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](mailto: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)