



Ready For Life

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Student Application 2021-2022

Ready For Life Academy Postsecondary Transition Program

at

Calvin University, Grand Rapids, MI
Hope College, Holland, MI
Ferris State University, Big Rapids, MI

Summer Living Program***

at

Calvin University, Grand Rapids, MI

*** RFL will only accommodate participant absences which are health related or family emergencies

Mail Applications to
Ready for Life
3250 28th St SE, Ste 102
Grand Rapids, MI 49512

Office Use Only:
Date Recv'd _____
App Fee \$ _____
Check # _____

Eligibility Requirements

Participant Guardian
Initials initials

		1. Is at least 18 years of age and not older than 30 years of age.
		2. Has an intellectual/developmental disability.
		3. Has health insurance (Medicaid, Medicare, Private).
		4. Has exhibited an interest and desire for greater independence and parent(s)/guardian(s) support the pursuit of independence.
		5. Can navigate <i>independently</i> on a campus, within the apartment complex and to/from campus
		6. Possess or is willing to learn time management skills and can follow a schedule with/without accommodations (i.e., picture schedule).
		7. Can communicate with others effectively with/without accommodations.
		8. Has a cell phone (prior to starting the program)
Please answer the following if the student intends to live in RFL Housing.		
		9. Has socially adaptive and responsible behavior so when left unsupervised for up to 2 hours and is able to follow/adhere to rules and instruction.
		10. Applicant has a desire to be exposed to supported independent living in an apartment complex (or house) to become more prepared to attend college nr take the next steps in their independent living journey.
		11. Applicant can independently self-administer medicines**
		12. Is willing to learn and use alternative models of travel, such as public transportation.
		13. Is independent in grooming and hygiene routines. **
		14. Can prepare simple meals (i.e., make breakfast, a sandwich or salad, us a microwave).

** Residential staff do not have the certification required to provide medication management or serve as a personal care assistant. If these services are required, the family will need to contract with a private provider for personal care and/or medical management during the program.

By signing this form, the potential participant and his or her parent(s)/Guardian(s) acknowledge having read and understood the basic eligibility requirements of the Academy and Residential Programs. This form must be signed and returned with the application packet. It must also be noted that this form includes **ONLY** the basic eligibility requirements. Final acceptance to the program will be determined by the Admissions Committee.

Participant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



Application

Please provide a recent photograph of the applicant along with this form. Be sure to complete all sections of the application.

Student and Family Information (A)

(to be completed by the student and/or family member/guardian)

A. Student's Information

Name of Resident _____ Nickname _____
Last, First, Middle

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Cell Phone _____ Email _____

Date of Birth _____ State ID No. _____ Age _____ Sex _____

Applying for _____ Start Date _____
Enhancement / Foundation or Summer Living

Location (Calvin/Hope/Ferris or Summer Living) _____ T-shirt Size _____

Student receives support or services from: (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Social Security Disability Insurance |
| <input type="checkbox"/> Community Mental Health | <input type="checkbox"/> Vocational Rehabilitation Services |
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Other _____ |

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> I am my own Guardian | <input type="checkbox"/> We have not filled out the paperwork |
| <input type="checkbox"/> My parents have Power of Attorney | <input type="checkbox"/> My guardian is: _____ |
| <input type="checkbox"/> My parents are my Guardian | |

B. Parent/Guardian Information

Resident currently resides with: Mother Father Both Foster Parent Other: _____

Parent/Guardian Information (Primary Contact)

Name _____

Address _____
Street, City, State, & Zip

Home Phone _____ Cell Phone _____ Email _____



Parent/Guardian Information (Secondary Contact)

Name _____

Address _____
Street, City, State, & Zip

Home Phone _____ Cell Phone _____ Email _____

C. Siblings

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been away from home before? ___ Yes ___ No If "Yes," where did you go and how long were you away from home? Did you enjoy that experience? _____

Educational Information (B)

(to be completed by parent or guardian)

Name(s) and location(s) of high school(s) attended	Years attended
_____	_____
_____	_____
_____	_____

Did you graduate from high school? Yes No Name of certificate received _____

Has the student participated in general education classes in his or her high school years? ___ Yes ___ No

Please list the general education classes for the junior and senior years:

_____	_____
_____	_____
_____	_____
_____	_____

What accommodations were used to support the student in these classes?



Identify learning strategies used to facilitate a positive experience.

Reference Information (C)

Ready For Life requires two people to complete a reference form on you, please list two people from your educational career who can attest to your school performance in the past few years.

Name	Relationship	Email address
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Work Information (D)

(to be completed by student with assistance from a parent or guardian)

Has the student demonstrated success in supported or independent work experiences (unpaid job tryouts or volunteer opportunities) in the community or the school? Yes No

If yes, please list work experiences and level of support required. (Does the student require one-to-one supervision or periodic support to perform the job, or does she or he work independently?)

Job Description	Dates of Experience	Level of Support	Reason for Leaving
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

If no, why has he/she not participated in school or community work experience?

Has the student held a paid job in the community? Yes No

If yes, please list the jobs held, the dates of employment, the level of support, wages received, and the student's reason for leaving.

Job Description	Dates of Employment	Level of Support	Wage	Reason for Leaving
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Is the student currently employed in his or her neighborhood? ___ Yes ___ No

Does the student require specialized equipment, adaptations, or modifications, or specific reinforces at the workplace? If so, please describe:

If the student has not been engaged in a paid employment position, why not?

Behavior Information (E)

(to be completed by a parent or guardian)

Does the student demonstrate satisfactory school attendance? ___ Yes ___ No

How often is school missed for illness? _____

How often is school missed for doctor appointments? _____

Does the student demonstrate satisfactory school behavior? ___ Yes ___ No

If no, please describe the nature of the student's behavioral challenges: _____

Has the student ever been suspended or expelled? ___ Yes ___ No

If yes, what was the nature of the offense? _____

How was the suspension or expulsion resolved? _____

How would this student handle the following scenarios?

A professor is absent and has left a note on the door stating that class has been cancelled.

During class, the fire alarm goes off and the building is being evacuated.

An unknown adult asks the student to come with him or her.

A college peer of the opposite gender initiates friendly conversation with this student.

The student is in the dining hall or café for lunch unsupervised.

The student has been given a schedule of times and places to be at for the day.

Disability, Medical Conditions and Health Information (F)

(to be completed by a parent or guardian. please use space provided to answer the questions and elaborate as much as possible, and feel free to add extra pages if necessary).

Male _____ Female _____ Height _____ Weight _____

Disability or Condition (Please check all that apply)

- Down Syndrome
- Cerebral Palsy
- Prader/Willi Syndrome
- Spina Bifida
- Attention Deficit Hyperactivity Disorder
- Autism
- Emotional Disorder (Bipolar, Depression, etc.)
- Muscular Dystrophy
- Chromosome Abnormality (Diagnosis/Explain) _____

- Intellectual Disability (Diagnosis/Explain) _____

- Deaf/Hearing Impaired (Diagnosis/Explain) _____

- Speech Disorder (Diagnosis/Explain) _____

- Blind/Visual Impairment (Diagnosis/Explain) _____

- Other _____

Please list all medications that you are currently taking. Include the dosage/frequency, purpose of the medications, and any side effect(s): _____

Are you independent in self-administering medications and remembering to take medication? ** Yes No
** Please note that the Academy and Residential Services do not have a nurse or any other medical personnel.

Describe chronic health problems for which you see a doctor _____

List any food or drug allergies _____

Communications: Please describe the applicant's ability to communicate with staff and other students



Please list any significant medical and/or physical conditions that may impact your participation in social and/or recreational activities within the program (for example: severe allergies or visual disability).

Do you have seizures? Yes No Type _____

Duration/Severity _____

Frequency _____ Are seizures controlled with medications? Yes No

Please list any assistive technology that you use (i.e., wheelchair, eyeglasses, prosthesis, walker, hearing aid, roll aid, etc.) and if you require accessibility accommodations.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? If yes, please list.

Insurance Information (G)

(to be completed by a parent or guardian)

Is the student covered by Medical Insurance? Yes No

If yes, please list the student's health insurance carrier (examples, Blue Cross, Medicare, Priority Health)

Carrier _____

Policy Number _____

Contract Number _____

Card Holder Name _____

PLEASE ATTACHED A CURRENT COPY OF YOUR INSURANCE CARD TO THE APPLICATION.

Additional Information

Immunization Requirements

We believe that the campus community is best served when every student is immunized. In compliance with recommendations from the American College Health Association, the following vaccines are required for all incoming Ready for Life Students:

MMR (Measles, Mumps, Rubella)	Tetanus, Diphtheria, Pertussis
Meningococcal Vaccine A, C, Y, W-135	Tetanus booster within the last 10 years
Serogroup B Meningococcal	Varicella Vaccine
Influenza	Meningitis B

Students must provide documented proof of these immunization before entering the Ready for Life Academy program on the campuses of Hope College, Ferris State University and Calvin University.



Application Checklist

Applicant Name _____

Application will not be considered until ALL requested information is received. The application can be typed and/or printed neatly.

Please mail application materials to **Ready for Life**
3250 28th Street SE, Ste 102
Grand Rapids, MI 49512

Application Checklist

___ Application fee payable to Ready for Life for

___ \$50.00 - Academy ___ \$25.00 - Summer Living ___ \$60.00 - Both Programs

___ Completed application (Sections A-G)

___ Completed Support Inventory (Section H) – see separate form

___ A current photo

___ Official High School Academic Transcript (including disciplinary records)

___ Current or most recent IEP and any postsecondary program record(s)

___ Educational/Psychological/Behavioral Evaluations/support services evaluation(OT, Speech, PT)

This application was completed by _____ with by

___ A lot of assistance ___ a little assistance ___ no help (select one).

Summer Living Applications are due by May 1, 2021

Academy Applications are due by December 15, 2021

Academy Application and Acceptance Timeline

- Application Deadline: *December 15, 2021*
- Student Interviews: *January 10-February 25, 2022*
- Announcement Letters Sent: *March 1, 2022*
- Acceptance Letter Return Due Date: *March 15, 2022*
- Housing Application Deadline: *April 15, 2022*
- Tuition Assistance Application: *May 1-30, 2022*
- Tuition Assistance Letters Sent: *June 15, 2022*
- Mandatory Student Orientation: TBD