



# Ready For Life

belong · believe · become

## Student Application 2022-2023

### Ready For Life Academy Postsecondary Transition Program

at

Calvin University, Grand Rapids, MI

Hope College, Holland, MI (enrollment paused 2022-23)

Ferris State University, Big Rapids, MI

Mail Applications to  
Ready for Life  
3250 28<sup>th</sup> 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 26 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 dormitory/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)

		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.
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		10. Is willing to learn and use alternative models of travel, such as public transportation.
		11. Is independent in grooming and hygiene routines. **
		12. Applicant can independently self-administer medicines**
		13. 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 ENHANCEMENT (FULL TIME) Start Date FALL 2022

Location (Calvin or Ferris) \_\_\_\_\_ 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.

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### 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
_____	_____	_____
_____	_____	_____

### 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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:

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

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### **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).

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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.

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

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### 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

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## 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:

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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 28<sup>th</sup> Street SE, Ste 102**  
**Grand Rapids, MI 49512**

### Application Checklist

Application fee payable to Ready for Life for

\$50.00 - Academy

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

A lot of assistance

a little assistance

no help (select one).

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**Academy Applications are due by December 15, 2021**

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### **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