

TRANSITION PROGRAM APPLICATION AND INTAKE FORM

Thank you for your interest in Recipes 4 Learning's Work Transition Program. This is the preliminary application for consideration. Other information will be gathered prior to or upon enrollment confirmation.

Requirements for application:

- Enrolled in OPWDD Self-Direction - verification documents will be requested and contingent to enrollment. This program is funded through the Individual Directed Goods and Services (IDGS) Transition Program line within the participant's budget. However, you may also choose to pay for it privately.
- Must commit to the two year enrollment period for the Transition Program.
- Be aged 18+ and have completed High School
- Must be able to engage and attend in a small group learning environment (3-1 ratio or 4-1 ratio depending on skill level.)
- Must be able to maintain engagement and attention for up to two hours with minimal assistance or redirection. Be able to follow simple one-step directions.
- Must have own transportation to/from work site
- Be able to use coping strategies to communicate frustration or anger
- Be able to use a public restroom independently
- Must not have recent history of wandering or elopement
- Participants must be able to adhere to necessary safety protocols related to Covid-19 guidance and other general safety protocols.

Name of Applicant: _____ Date: _____

Date of Birth: _____ Current Age: _____

Parent/Guardian Name(s): _____

Home Address: _____

Parent/Guardian Home #: _____ Cell #: _____

Parent/Guardian Primary email: _____

Participant's contact information (if applicable): Cell #: _____

Participant's e-mail: _____

Emergency Contacts - Must be individuals with own transportation and be able to arrive within 30 min.

1. Name: _____ Relationship: _____ Phone #: _____

2. Name: _____ Relationship: _____ Phone #: _____

Care Coordination Organization (CCO): _____

Care Manager Name and Contact Information (Name, Phone Number, E-mail)-

Self-Direction Contact Information (Name, Agency, Phone Number, E-mail)-

- Broker:

- Fiscal Intermediary:

School District Information (If Applicable)

School/Program Currently Enrolled: _____

District: _____ Date of Graduation: _____

Contact Person: _____

Address: _____

Telephone and/or e-mail: _____

Recipes 4 Learning Work Transition Program Application Completed by: _____

I have read this application and understand the terms for consideration. The information provided is current and accurate. I authorize Recipes 4 Learning to communicate with contacts for document retrieval and review as well as further discussion as needed.

Signature: _____ Date: _____