



INDEPENDENT LIVING  
experience

APPLICATION FOR ADMISSION

PERSONAL  
INFORMATION

Name \_\_\_\_\_  
First Middle Last

Preferred name \_\_\_\_\_ Former Last Name(s) \_\_\_\_\_  
if not First if any

Birthdate \_\_\_\_\_  Male  Female Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(mm/dd/yyyy)

Email \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Home Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

*If different from above, please give your mailing address for all admission correspondence.*

Mailing Address: (from: \_\_\_\_\_ to \_\_\_\_\_ )  
(mm/dd/yyyy) (mm/dd/yyyy)

Street / Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FAMILY  
INFORMATION

Parents' Marital Status (relative to each other):  Never married  Married  Widowed  Separated

Divorce date (mm/dd/yyyy) \_\_\_\_\_

**Parent/Guardian 1:**  Mother  Father  Legal Guardian

**Parent/Guardian 2:**  Mother  Father  Legal Guardian

\_\_\_\_\_  
Last/Family      First/Given      Middle      Title (Mr., Mrs., Dr., etc)

\_\_\_\_\_  
Last/Family      First/Given      Middle      Title (Mr., Mrs., Dr., etc)

Home Address if different from yours:

Home Address if different from yours:

Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

College (if any) \_\_\_\_\_

College (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Do you have a conservator?  Yes  No

If yes, please name: \_\_\_\_\_

WORK  
EXPERIENCE

Would you like to be employed?  Yes  No

If you have never been employed, please explain the reasons why.

What are your vocational interests?

**Please list any employment and/or vocational training you have received including assessments or inventories you have completed.**

Who conducted the assessment(s) / training(s)?

Who conducted the assessment(s)/training(s)?

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

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

Do you have a current resume?  Yes  No

If you do have a current resume, please include a copy with your application. If you do not have a current resume, please list your work experience below beginning with your most recent position.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Average Hours worked per week

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Dates of employment: from - to

\_\_\_\_\_  
Supervisor Name

Please Check all that apply:

- Paid
- Unpaid
- Internship
- Received job coach

Summary of responsibilities:

Please explain reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Average Hours worked per week

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor Name

Please Check all that apply:

- Paid
- Unpaid
- Internship
- Received job coach

Summary of responsibilities:

Please explain reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Average Hours worked per week

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor Name

Please Check all that apply:

- Paid
- Unpaid
- Internship
- Received job coach

Summary of responsibilities:

Please explain reason for leaving: \_\_\_\_\_

**HOUSING HISTORY**

Have you ever lived alone or with a roommate? (not including living with your family)  Yes  No

Do you live alone now?  Yes  No If not, who do you live with? \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_  
(years / months)

Please list all past places of residence: \_\_\_\_\_ How long at this address \_\_\_\_\_

**PRIOR SUPPORTIVE PROGRAM INFORMATION**

**Please list all past or current supportive programs that you have received services including residential and day programs.**

\_\_\_\_\_  
 Name of Support Program \_\_\_\_\_ to \_\_\_\_\_  
(Dates attended mm/dd/yyyy)

\_\_\_\_\_  
 Address of Program \_\_\_\_\_ Type of Program:  
 Residential  Day  Other

\_\_\_\_\_  
 Name of Support Program \_\_\_\_\_ to \_\_\_\_\_  
(Dates attended mm/dd/yyyy)

\_\_\_\_\_  
 Address of Program \_\_\_\_\_ Type of Program:  
 Residential  Day  Other

\_\_\_\_\_  
 Name of Support Program \_\_\_\_\_ to \_\_\_\_\_  
(Dates attended mm/dd/yyyy)

\_\_\_\_\_  
 Address of Program \_\_\_\_\_ Type of Program:  
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(Dates attended mm/dd/yyyy)

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 Address of Program \_\_\_\_\_ Type of Program:  
 Residential  Day  Other

\_\_\_\_\_  
 Name of Support Program \_\_\_\_\_ to \_\_\_\_\_  
(Dates attended mm/dd/yyyy)

\_\_\_\_\_  
 Address of Program \_\_\_\_\_ Type of Program:  
 Residential  Day  Other

**BENEFIT PROGRAMS AND FINANCIAL SUPPORTS**

Please list any benefits or financial assistance that you receive which empowers you to live independently. Please include those that provide financial assistance to you.

1. \_\_\_\_\_  
Name of Provider \_\_\_\_\_ Contact Information

2. \_\_\_\_\_  
Name of Provider \_\_\_\_\_ Contact Information

3. \_\_\_\_\_  
Name of Provider \_\_\_\_\_ Contact Information

4. \_\_\_\_\_  
Name of Provider \_\_\_\_\_ Contact Information

**EDUCATIONAL  
INFORMATION**

Have you pursued education after high school?

Yes  No

If so, what secondary school did you attend?

\_\_\_\_\_

Secondary school you now attend: \_\_\_\_\_

(or from which you graduated)

Date of entry \_\_\_\_\_

(mm/dd/yyyy)

Date of secondary graduation \_\_\_\_\_

(mm/dd/yyyy)

Type of school:

Public  Independent  Religious  Home School

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Counselor's Name (Mr./Mrs./Dr./etc) \_\_\_\_\_

Counselor's Title \_\_\_\_\_

Counselor's email \_\_\_\_\_

Counselor's Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

What challenges (if any) do you have in the classroom?

- Not enough time  Difficulty writing  Sequencing / prioritizing  Group instruction  
 Paying attention  Blur out answers  Difficulty with written material  Getting organized  
 Other \_\_\_\_\_

List all other secondary schools, including summer schools as well as summer and other programs you have attended, beginning with 9th grade.

Name of School

Location (City, State/Province, ZIP/Postal Code, Country)

Dates attended  
(mm/dd/yyyy)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all colleges/universities at which you have taken courses for credit; list names of courses taken and grades earned on a separate sheet. Please have an official transcript sent from each institution as soon as possible.

Name of College/University/  
Technical School

Location (City, State/Province, ZIP/Postal Code, Country)

Dates attended  
(mm/dd/yyyy)

Credits Earned  
Yes / No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any of the following apply to your secondary school education, please check the appropriate box and provide details on the lines below or on a separate sheet:

Graduated early

Graduated late

will not graduate, will  
receive GED

will not graduate, will  
not receive GED

If you received a GED, list date: \_\_\_\_\_ (Official scores must be sent from the testing agency.)



**Which of the following ILE supports do you feel will benefit you most? (Check all that apply)**

- Build financial stability                       Living independently                       Establishing safe housing  
 Housekeeping skills                       Social Program                       Other \_\_\_\_\_

What are your strengths?

What goals have you set for yourself?

Have you ever lived with a roommate?    Yes    No

Describe the ideal roommate you would like to have.

What is at least one habit/ characteristic you would not like in a roommate?

- Have you ever had a credit card?                       Yes    No    Have you ever had your own checking account?                       Yes    No  
Have you ever paid your own bills?                       Yes    No    Do you have a computer?                       Yes    No  
Do you have a driver's license?                       Yes    No    Are you planning to bring a car to the program?                       Yes    No  
Do you have car insurance?                       Yes    No    Have you ever used public transportation?                       Yes    No  
Have you ever lost your license due to violations?    Yes    No    If so, please explain:

What clubs / organizations interest you the most?

Do you belong to any social organizations or groups?

What types of activities do you like to do when you are by yourself?

Have you ever smoked?    Yes    No    Do you currently smoke?    Yes    No

Do you drink alcohol?    Yes    No

If yes, which of the following describes your drinking of alcoholic beverages?

- Monthly                       Weekends only                       Usually when I'm alone                      Weekly  
    Usually with friends                       Celebrations / Special occasions

Have you ever experimented with any illegal drugs?    Yes    No    If yes, please explain:

Do you have a disability?    Yes    No    If yes, please describe:

Please list any current or previous health problems you have experienced: (seizures, head injuries, diabetes, sleep disturbance)

Are you currently taking any medication(s)? (include prescription medication)    Yes    No

If Yes, Please list medication(s) and purpose:

Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?  Yes  No

Have you ever been convicted of a misdemeanor, felony, or other crime?  Yes  No  
If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.

### SUBMISSION DETAILS

All application materials can be submitted to ILE by:  
Email: ILEcontracts@IndependentLivingExperience.com or FAX: (866) 653-8118.

### APPLICATION FEE PAYMENT: \$75

You may pay by credit card or your PayPal account at <http://independentlivingexperience.com/payments>

- Please select the Application Fee Option

### ADDITIONAL INFORMATION

If there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc., please attach a separate sheet with more details.

Please enter which ILE location(s) you are interested in receiving services:

\_\_\_\_\_  
City State

\_\_\_\_\_  
City State

I am applying to the Independent Living Experience (ILE) program. I grant my permission for ILE to contact any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in the client or parent questionnaire, both of which constitute "this application." I consent to the release of any and all information about me by any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application. I grant my permission for ILE and any person, organization, or school (including, without limitation, any healthcare provider or educational provider) listed in this application to discuss anything about me. This consent shall continue until withdrawn in writing by me.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Parent Signature Date