



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

Summary of responsibilities:

Please explain reason for leaving: _____

Please Check all that apply:

- Paid
- Unpaid
- Internship
- Received job coach

Company Name

Average Hours worked per week

Business Address

Business Address

Job Title

Job Title

Supervisor Name

Summary of responsibilities:

Please explain reason for leaving: _____

Please Check all that apply:

- Paid
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- Internship
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Company Name

Average Hours worked per week

Business Address

Business Address

Job Title

Job Title

Supervisor Name

Summary of responsibilities:

Please explain reason for leaving: _____

Please Check all that apply:

- Paid
- Unpaid
- Internship
- Received job coach

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

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(Dates attended mm/dd/yyyy)

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(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.)

EDUCATIONAL
INFORMATION
(CONT.)

What would you like your ILE advisor to know about the way you learn?

What accommodations have you had in the classroom in the past? Additional Time Calculator
 Computer Assisted Technology Assistance with note taking Preferred seating
 Other _____

Have you ever had an Individual Education Plan while attending school? Yes No
 If yes, please provide a copy when submitting this application.

EXTRACURRICULAR
PERSONAL AND
VOLUNTEER

Please list your principal extracurricular, community, and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé. (Please include summer activities)

Activity	Grade Level or Post Graduate (PG)					Approximate Time Spent	Positions held, honors won or letters earned
	9	10	11	12	PG		

Possible area(s) of academic concentration/major(s):

Possible career or professional plans:

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: \$95

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