

JUMP START APPLICATION 2008

DEADLINE FOR RECEIPT OF THIS APPLICATION AT THE DIVISION OF SERVICES FOR THE BLIND (DSB) CENTRAL OFFICE IS MARCH 28, 2008. THE JUMPSTART REVIEW COMMITTEE WILL NOT BE RESPONSIBLE FOR LATE APPLICATIONS OR APPLICATIONS THAT MAY BE LOST IN THE MAIL. THE JUMPSTART REVIEW COMMITTEE RESERVES THE OPTION TO SELECT APPLICANTS WHO MEET THE MISSION AND GOALS OF THE JUMP START PROGRAM.

PARENT AND STUDENT MUST COMPLETE THE ENTIRE APPLICATION. (Always include area code with phone numbers.)

PLEASE INCLUDE A LETTER OF RECOMMENDATION FROM A TEACHER OR COUNSELOR.

I. PERSONAL INFORMATION:

Student's Name: _____ **SSN:** _____

Address and County: _____

Home Phone: _____ **Message Phone:** _____

Parent's Name: _____ **Parent's Work Phone:** _____

Parent's Address (if different from student's): _____

Name and phone number of the person to contact in case of an emergency: _____

Email address: _____ **Date of Birth:** _____ **Sex:** _____

High School Graduation Date: _____ **Current Grade Level:** _____

Name and Town of High School: _____

II. GENERAL PHYSICAL FUNCTIONING

Describe the student's health, any medical problems, visual impairment, and/or other disabilities: _____

III. ACADEMIC SKILLS DESCRIPTION

Please rate the student's overall performance (Excellent, Good, Fair, Poor) in:

Reading _____ Math _____ English _____

Vocational Education _____ Computer Knowledge _____

Keyboarding _____ Braille Skills _____

Identify areas where enrichment is needed: _____

IV. COMMUNICATION SKILLS

Identify all methods of communication used by student:

Braille: Slate/Stylus _____ Braille _____ Braille Notetakers _____

Large Print _____ Low Vision Aids _____ Other: _____

Identify any additional assistance needed: _____

What communication skills does student need to learn? _____

Does the student have a hearing impairment (circle one) Yes No

Please describe the student's hearing impairment and any accommodations the student needs: _____

V. TECHNIQUES OF DAILY LIVING

Indicate if the student completes the task alone or needs assistance:

A. What household responsibilities does the student complete at home?

B. Does the student prepare simple meals and/or snacks? _____

C. Does the student have household budget experience? _____

D. Does the student manage an allowance? _____

E. Does the student shop regularly? _____

F. Does the student dress himself/herself? _____

G. Does the student groom himself/herself (including bathing/showering)? _____

H. Does the student use independent toileting skills? _____

VI. ACTIVITIES AND INTERESTS

A. Describe the student's extra curricular school activities: _____

B. List the student's interests, recreation or leisure time activities: _____

VII. ORIENTATION AND MOBILITY

A. Has the student had mobility training? _____ No _____ Yes
If yes, provide the mobility instructor's name, location and contact information):

B. Indicate student's mode of travel in a familiar environment: _____

C. Travel Skills:

Does the student travel independently in a familiar area? _____

Does the student ride the city bus independently? _____

Identify orientation or mobility skill development needs: _____

VIII. EMPLOYMENT ASSESSMENT

A. Has the student ever been employed (including part-time and summer employment)?
_____ **Yes** _____ **No**

If so, list the dates, work tasks and location of the student's employment::

B. Were any modifications necessary for job performance? _____ **Yes** _____ **No**

If so, describe: _____

C. Has the student ever done any volunteer work? _____ **Yes** _____ **No**

If so, list the dates, work tasks and location of the student's volunteerism:

D. Were any modifications necessary for volunteer work? _____ **Yes** _____ **No**

If so, describe: _____

E. What kind of summer job would the student like to do? _____

F. What are the student's career or employment goals? _____

IX. STUDENT ESSAY

In your own words, explain why you are interested in Jump Start (Independent Living Skills, Employment/Work Experiences, etc.) You may attach an additional page, if needed.

IX. PARENT ESSAY

In your own words, explain why you want your child to participate in Jump Start and what skills you hope he/she will gain. You may attach an additional page, if needed.

X. PARENTAL CONSENT

I _____ give consent for information about my child _____
(Parent's name) (Child's name)
and his/her progress in Jump Start to be released to his /her high school and Jump Start partner agencies.

I give consent _____ / I do not give consent _____ for my child to appear in public announcements, news articles, or informational ads about Jump Start.

By signing below, I am stating that my child does not have any violent tendencies and has never injured anyone, including himself/herself. I understand that Jump Start is not a therapeutic program and DSB and Arkansas School for the Blind (ASB) cannot accept participants who might endanger other people. I also understand that if my child is found in possession of drugs, alcohol, weapons, or any other contraband, he/she will be expelled from Jump Start and I will be called to immediately come to the facility and pick up my child.

I understand my child will spend weekends at home. I agree to return my child to Jump Start each Sunday afternoon and to pick up my child no later than 1:30 p.m. each Friday that Jump Start is in session. I will notify DSB or ASB if someone other than me will be picking up my child. I will notify DSB or ASB in advance if I need assistance in making alternate arrangements.

Parent's signature

Date

Please return this application to: Tanya VanHouten
DHS Division of Services for the Blind, S102
P. O. Box 3237
Little Rock, AR 72203