

**STEP**  
**School To Employment Program**  
Community Options, Inc.

**Application**

***Please Print:***

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

***Referred by:***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

***Case Manager/Support Coordinator:***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

School/Agency: \_\_\_\_\_

***Emergency Contacts (2):***

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

***Days Interested in STEP:***

Monday Tuesday Wednesday Thursday Friday

Full day (9:30am-3pm): \_\_\_\_\_ Half Day (12:30pm-3pm): \_\_\_\_\_

ESY \_\_\_\_\_ 2015-2016 School Year \_\_\_\_\_

***Planned Transportation Mode To S.T.E.P.:***

School Bus     STEP will transport     Family or friend drives (*List Driver's name & Driver's Phone # Below*):

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Public Transportation     Para-Transit Company     Other (*Please Describe Below*):

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Transportation Service Name: \_\_\_\_\_

Transportation Service Telephone #: \_\_\_\_\_

***Critical Health/Medical Summary Information:***

***Physicians/Other Service Providers:***

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

How often do you see him/her? \_\_\_\_\_

Current Medical Diagnosis:

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

Past Medical Diagnosis:

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

Current Medications: \_\_\_\_\_

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

*Briefly describe any health/medical issues that you believe may be important for our staff to understand about your ability to participate in S.T.E.P.:* \_\_\_\_\_

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

***Educational Information:***

Please describe any job-training program you have previously or are currently attending:

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High School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Graduated (Y/N): \_\_\_\_\_ Last year attended: \_\_\_\_\_

Most Challenging School Subject: \_\_\_\_\_

Favorite School Subject: \_\_\_\_\_

Favorite School Activity (i.e. sports, cooking) \_\_\_\_\_

Do you attend special education classes? (Y/N): \_\_\_\_\_

Can you use a keyboard for typing purposes? (Y/N): \_\_\_\_\_

If yes, how many words per minute? \_\_\_\_\_

Can you use a multi-line business phone? (Y/N): \_\_\_\_\_

Describe any equipment, tools or machinery you know how to use including computers and software: \_\_\_\_\_

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***Work History (If Applicable):***

***Begin With Most Recent Job***

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Monthly salary: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Favorite job duties: \_\_\_\_\_

Least favorite job duties: \_\_\_\_\_

Reason left: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Monthly salary: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Favorite job duties: \_\_\_\_\_

Least favorite job duties: \_\_\_\_\_

Reason left: \_\_\_\_\_

***Volunteer Experience (If Applicable):***

Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Length of time: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Favorite duties: \_\_\_\_\_

Least favorite duties: \_\_\_\_\_

Still Active? (Y/N): \_\_\_\_\_

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Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Length of time: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

Favorite duties: \_\_\_\_\_

Least favorite duties: \_\_\_\_\_

Still Active? (Y/N): \_\_\_\_\_

***Legal History:***

Are you in any litigation at this time regarding your disability or other injury? (Y/N): \_\_\_\_\_

Have you had any felonies in the past? Please indicate the # \_\_\_\_\_.

Have you ever been incarcerated? (Y/N): \_\_\_\_\_ If Yes, Why? \_\_\_\_\_

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Are you currently on Parole? (Y/N): \_\_\_\_\_ Are there any outstanding warrants or cases

pending? (Y/N): \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

***Activities of Daily Living:***

***Please note any significant needs in the following areas:***

Mobility, describe: \_\_\_\_\_

Use of assistive devices, describe: \_\_\_\_\_

Use of Braces, type: \_\_\_\_\_

Use of Walker, type: \_\_\_\_\_

Use of Cane, Crutches, type: \_\_\_\_\_

Wheelchair use, type: \_\_\_\_\_

independent use     with assistance     dependent

independent transfers     need assistance with transfers

difficulty with ramp use     difficulty with lifts

difficulty with inclines     other helpful accommodations: \_\_\_\_\_

Vision, describe: \_\_\_\_\_

Have you ever received services from the ***Commission for the Blind and Visually Impaired?*** (Y/N): \_\_\_\_\_

Use of assistive devices, please describe: \_\_\_\_\_

\_\_\_\_\_

Other helpful accommodations: \_\_\_\_\_

\_\_\_\_\_

Hearing, please describe: \_\_\_\_\_

Use of assistive devices, please describe: \_\_\_\_\_

\_\_\_\_\_

Other helpful accommodations: \_\_\_\_\_

\_\_\_\_\_

Hand/Finger Dexterity, please describe: \_\_\_\_\_

- Use of assistive devices, please describe: \_\_\_\_\_
  - Other helpful accommodations: \_\_\_\_\_
  - Standing, please describe: \_\_\_\_\_
    - For how long: \_\_\_\_\_
    - Use of assistive devices, please describe: \_\_\_\_\_
    - Other helpful accommodations: \_\_\_\_\_
  - Walking \_\_\_\_\_ How far: \_\_\_\_\_
    - For how long: \_\_\_\_\_
  - Sitting, please describe: \_\_\_\_\_
    - Use of assistive devices, please describe: \_\_\_\_\_
    - Other helpful accommodations: \_\_\_\_\_
  - Lifting, please describe: \_\_\_\_\_
    - Use of assistive devices, please describe: \_\_\_\_\_
    - Other helpful accommodations: \_\_\_\_\_
  - Other, please describe: \_\_\_\_\_
- 
- Use of assistive devices, please describe: \_\_\_\_\_
  - Other helpful accommodations: \_\_\_\_\_

Do you drive? (Y/N): \_\_\_\_\_ Do you have a valid driver's license? (Y/N): \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

***Current Vocational Information:***

What do you hope to learn from being in **STEP?**: \_\_\_\_\_

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List at least three job sites you are interested in:

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Your three favorite ways to spend free time: 1) \_\_\_\_\_

2) \_\_\_\_\_ 3) \_\_\_\_\_

Please list your hobbies: \_\_\_\_\_

Please describe what you feel are your most important strengths as a worker: \_\_\_\_\_

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What questions do you have about becoming a member of **STEP**? \_\_\_\_\_

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***Cultural Concerns:***

Please list any cultural concerns or accommodations you may have while a participant in **STEP**:

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**Release of Information to Those Financially Liable**

I authorize Community Options, Inc. to release any and all information to other facilities for planning purposes and/or to employers or others who are financially liable for any medical care or treatment. I understand that the employer and/or Community Options, Inc. shall not be responsible for any of my personal property. I further understand that the employer and/or Community Options shall not be responsible for any artificial devices including but not limited to eyeglasses, contact lenses, hearing aids, mobility assistive devices, hand/finger dexterity assistive devices, etc... I understand that in giving this consent, I am waiving my legal right to confidentiality of all information retained in this application.

**Please Initial:** \_\_\_\_\_

**Authorization**

I certify that all the facts and statements in this application are true and complete to the best of my knowledge. I further understand that if I am employed with Community Options, Inc., S.T.E.P. or its business partners, the discovery of any falsified information is grounds for immediate dismissal.

I authorize the investigation of all statements contained herein and the references, criminal background, driving record and employers listed above to give Community Options, Inc. any and all information regarding my previous employment they may have, personal or otherwise, and release Community Options, Inc. from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of Community Options, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

I also understand that this application form and other written documentation of work practices and procedures do not constitute a contract for employment, but rather, that employment with Community Options, Inc. is "at will".

***Signatures:***

I have read this form (or have had it read to me) and have had all my questions answered. I am satisfied that I understand the significance of its content and agree to its terms.

Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

*If Applicant is unable to consent complete the following:*

Applicant is unable to consent because: \_\_\_\_\_

*I hereby certify that I am the legally authorized representative of the Applicant who is entitled to make decisions on his/her behalf.*

Signature (Personal Representative) \_\_\_\_\_ Date: \_\_\_\_\_

Personal Representative's Name (*Print*): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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**For S.T.E.P. Staff Use Only**

Name of S.T.E.P. Staff Performing Intake: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_ Application Complete/Incomplete (Explain): \_\_\_\_\_

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*Return all forms and applications to the office of the Director of Transitional Services.*