



Date: _____

CONTACT INFORMATION

Applicant First Name: _____ Last Name: _____

Age: _____ School (if applicable): _____

Address: _____

Phone: _____ Email: _____

Name of Guardian(s) if applicable: _____

Phone: _____ Email: _____

Emergency contact person (if different from above): _____

Emergency Phone: _____

SKILL BUILDING EXPERIENCE

Do you have any experience in the following areas?

Housekeeping Yes _____ No _____ Money Management Yes _____ No _____

Safety Awareness Yes _____ No _____ Counting Money Yes _____ No _____

Medications Safety Yes _____ No _____ Putting Away Groceries Yes _____ No _____

Laundry Yes _____ No _____ Helping Others Yes _____ No _____

Can you tell time? _____

Do you follow a daily schedule? _____

WORK EXPERIENCE

Please tell us about any work experience you may have. Please include:

- 1) Where you worked
- 2) Your job title
- 3) How long you worked there

Are you currently working? Yes No If, "yes" how many hours per week? _____

Name of employer: _____ Job Title: _____

PERTINENT INFORMATION

Education

Highest level of education completed (circle): 6 or fewer years 7 8 9 10 11 12 higher

Degree(s) if applicable:

Can you read? Yes No Grade Level: _____

Math Skills: Very basic (addition/subtraction) Higher level

Are you able to take direction? Yes No

Are you able to follow direction? Yes No

Are you able to speak? Yes No

Are you able to hear? Yes No

Do you have any physical limitations that would limit your participation? Yes No

If yes, please describe _____

Specific accommodations needed

How will you get to class every day?

What do you hope to accomplish by completing the training? _____

PERSONAL INFORMATION

What is your disability? _____

Do you have seizures? Yes No

Do you take medication? Yes No

If yes, please list all medications: _____

Do you have any behavior problems? Yes No

Are you your own guardian? Yes No

POLICY & PAYMENT

Session:	Fee:	# of Registrants:		Cost:
Life Skills	\$100 x	_____	=	_____

Make a donation? Your tax-deductible donation will help us to further our mission of enriching the lives of people with disabilities.

+ _____

TOTAL = _____

Payment is due on first night of class- please do not send payment with form.

We accept cash or check made payable to EPIC.

Registration and Cancellation Policies

- **REGISTRATION DEADLINE: Tuesday, May 29th.** Please mail or drop-off form to the address below.
EPIC
Attn. Savannah Landis
1913 W. Townline Rd.
Peoria, IL 61615
- This form must be completed in its entirety in order for student to be registered.
- Please notify us of any cancellations at least one week in advance.
- No refunds will be given after class has begun.
- Student will be dropped from the class if payment is not received by the first session.
- If MORE than 2 classes are missed the student will forfeit the opportunity to receive a certificate.
- EPIC reserves the right to drop a student from the class at any time due to behavioral or other issues that affect our ability to effectively serve the student and/or class.

We consider all applicants without regard to race, color, religion, gender, ancestry, marital status, veteran status, national origin, sexual orientation, age or disability and any other legally protected status.

During the course of the class field trips will be scheduled. By signing the agreement below you are allowing EPIC to transport the student to and from the destination of the field trip.

Thank you for completing this form and for your interest in training for employment for autism.

AGREEMENT AND SIGNATURE

Name (printed)	
Signature	
Date	