



GLADE RUN TRANSITIONS

INDEPENDENT LIVING EXPERIENCE

APPLICATION

Date of Application: _____

Participants Full Name: _____

DOB: _____

Gender: _____

Age: _____

Street Address: _____

Phone Number: _____ Email Address: _____

Parent / Guardian Names: _____

Parent / Guardian Street Address: _____

Phone Number: _____ Email Address: _____

1. Check/List all disability diagnoses?

(We kindly request documentation of disability (copy of last IEP, RR, and Psych Evaluation))

Autism Spectrum Disorder

Intellectual Disability

Other List diagnosis(s) _____

2. Are you able to navigate safely in the community with minimal support?

YES

NO Explain: _____

3. Do you exhibit physical aggression towards yourself or others?

YES Explain: _____

NO

4. Do you have a criminal history?

YES Explain: _____

NO

5. Are you currently employed or do you volunteer?

- YES Explain: _____
- NO

6. Are there any other medical concerns that would limit you from participating in this experience?

- Seizures: _____
- Special Diet: _____
- Diabetes: _____
- Allergies: _____
- Asthma: _____
- Other: _____

Please provide additional information if any box is checked.

7. Are you able to self-administer your personal medication?

- YES
- NO Explain: _____

8. Do you have case management services (OVR, supports coordinator, blended case management, family base services, and mobile therapy)?

- YES Explain: _____
- NO

9. Please list personal goals you want to achieve during this experience?

10. Please list any other specific information you feel will help the ILE staff to better provide a quality experience.

Please return completed application to:

Tara Harvan
Glade Run Independent Living Experience
P.O. Box 70, Beaver Road
Zelienople, PA 16063
or fax to 724-452-0468
or email to tharvan@gladerun.org

Questions, please contact us at tharvan@gladerun.org or 724-452-4453, ext. 2124