# **Belong Program Application**

Program Year 2023-24

Please fill out the Belong program application and attached roommate preferences questionnaire. Please email completed applications to Rebecca at Rebecca.Reinhardt@colostate.edu.

Completed applications are due by March 31, 2023. Select applicants will be contacted for a program interview in April and will be notified of their acceptance status by April 14, 2023.

If you have any questions during the application process, please reach out to Rebecca at Rebecca.Reinhardt@colostate.edu.

## **Personal Information**

Applicant Name:

* Date of Birth:
* Gender:
* Preferred Pronouns:
* Permanent Mailing Address:
* Phone Number:
* Email address:
* Diagnosis and/or description of challenges:

Are you your own legal guardian? [ ]  Yes [ ]  No

Emergency Contact Information:

* Name:
* Phone:
* Email:

Do you currently drive? [ ]  Yes [ ]  No

* If yes, do you plan on bringing a car with you to the Belong program? [ ]  Yes [ ]  No
* If you do not currently drive, do you have plans to get your driver’s license in the next year?

[ ]  Yes [ ]  No

Are you able to independently access the community using alternative transportation if needed?

 [ ]  Yes [ ]  No

* If yes, please select methods of transportation:
* [ ] Transfort/Bus System [ ] Dial-A-Ride [ ] SAINT [ ] Taxi [ ] Family/Friends [ ] Bike [ ] Walk Other:

Do you have a state ID card? [ ]  Yes [ ]  No

Do you have a criminal history? [ ]  Yes [ ]  No

* If yes, please answer the following:
	+ Misdemeanor or felony? [ ]  Yes [ ]  No
	+ Currently on Probation? [ ]  Yes [ ]  No

## **Education and Employment Information**

High School Attended:

* Dates Attended:

Have you graduated high school? [ ]  Yes [ ]  No

* If yes, date of graduation:
* If no, anticipated graduation:

Type of diploma received/to be received: [ ] High School Diploma [ ] GED [ ] Certificate of Completion

Please list any other education or training you have received (trade school, college, certifications, etc):

Did you attend a transition program during or after high school? [ ]  Yes [ ]  No

* If yes, please describe the program and number of years attended:

## Are you currently enrolled in postsecondary courses (at a two or four year college, trade/tech school, certificate program, online, etc.)? [ ]  Yes [ ]  No

* If yes, name of school/program:
* If yes, number of credits enrolled in:
* If no, do you have plans to be enrolled for the 2022-23 academic year? [ ]  Yes [ ]  No

Do you currently have a job? [ ]  Yes [ ]  No

* If yes, location of employment and job title: Click here to enter text.
* How many hours a week do you work? Click here to enter text.
* How long have you been working here? Click here to enter text.

If you are currently not working, do you have plans to obtain a job prior to enrolling in the Belong program? [ ]  Yes [ ]  No

## **Service Agency Connections**

Are you currently receiving services from Division of Vocational Rehabilitation? (DVR)

[ ]  Yes

 [ ]  No

 [ ]  Applied, but not currently receiving services

 [ ]  I don’t know what this is

* If yes, please provide DVR counselor name and email:

Are you currently receiving services from Foothills Gateway, Inc. (FGI)?

[ ]  Yes

[ ]  No

[ ]  Applied, but on the waitlist

[ ]  I don’t know what this is

* If receiving services from Foothills Gateway, please indicate type of services being received:

 [ ]  Comprehensive services (COMP)

 [ ]  Supported Living Services (SLS)

 [ ]  Family Support Services Program (FSSP)

 [ ]  Not sure

* Please provide FGI case manager name and email:

Please list any other community service agencies or supports being utilized:

## **Self-Evaluation of Skills**

*Please rate yourself on the following items. Be honest! Items in this section are utilized in customizing programming to the needs of each individual participant enrolled in the program. For the following items, “independently” is defined as routinely engaging in the task with no more than minimal assistance, or assistance no more than 25% of the time.*

* You currently engage in a variety of household chores/activities with no more than minimal support:
	+ Laundry [ ]  Yes [ ]  No
	+ Cleaning [ ]  Yes [ ]  No
	+ Vacuuming [ ]  Yes [ ]  No
	+ Cooking (light meal prep) [ ]  Yes [ ]  No
	+ Dishes [ ]  Yes [ ]  No
* You consistently engage in safe behavior inside and outside of the home [ ]  Yes [ ]  No
* You are able to manage medications and other health needs independently [ ]  Yes [ ]  No
* You independently manage morning, evening, and self-care routines: [ ]  Yes [ ]  No
* You wake up on time for work or school [ ]  Yes [ ]  No
* You demonstrate an understanding of a budget [ ]  Yes [ ]  No
* You can manage a basic monthly budget for living expenses [ ]  Yes [ ]  No

In your own words, what are your top three strengths?

* Click here to enter text.
* Click here to enter text.
* Click here to enter text.

What are three things you would like to become more independent in?

* Click here to enter text.
* Click here to enter text.
* Click here to enter text.

In your own words, why do you want to participate in the Belong program?

Is there anything else you want us to know about you?

## **Parent/Guardian/Family Evaluation of Skills**

Name of person filling out the evaluation:

Relationship to applicant:

The applicant:

* Currently engages in a variety of household chores/activities with no more than minimal support:
	+ Laundry [ ]  Yes [ ]  No
	+ Cleaning [ ]  Yes [ ]  No
	+ Vacuuming [ ]  Yes [ ]  No
	+ Cooking (light meal prep) [ ]  Yes [ ]  No
	+ Dishes [ ]  Yes [ ]  No
* Consistently engages in safe behavior inside and outside of the home [ ]  Yes [ ]  No
	+ If no, please describe any behaviors that would be deemed unsafe:
* Is able to manage medications and other health needs independently [ ]  Yes [ ]  No
* Independently manages morning, evening, and self-care routines: [ ]  Yes [ ]  No
* Wakes up on time for work or school [ ]  Yes [ ]  No
* Demonstrates an understanding of a budget [ ]  Yes [ ]  No
* Can manage a basic monthly budget for living expenses [ ]  Yes [ ]  No

In your own words, what are the applicant’s top three strengths?

* Click here to enter text.
* Click here to enter text.
* Click here to enter text.

What are three things you think the applicant can gain more independence with?

* Click here to enter text.
* Click here to enter text.
* Click here to enter text.

Why do you think this applicant would be a good fit for the Belong program?

Is there anything else you think we should know about this applicant?

## **Belong Program Participant Acknowledgements & Responsibilities**

Please initial each line to demonstrate understanding of the application process and responsibilities for the Belong program:

* Initial I understand that by submitting this application, I am not guaranteed a program interview or admission into the Belong program.
* Initial I understand that if accepted into the Belong program, I will have to submit a separate application through the leasing company (Evergreen Property Management) for the apartment unit.
* Initial If I do not meet the rental requirements to apply to the apartment unit on my own, I understand that I will need a co-signer.
* Initial I understand that participation in the Belong program **requires a minimum monthly program fee of $500 each month.** I understand that this fee is required, and that it is paid in addition to paying monthly rent.
* Initial If accepted into the Belong program, I understand that I am committing to a **one-year** program contract and lease agreement for the apartment unit, both of which will be from August 1st, 2023-July 31st, 2024.

I certify that I understand and acknowledge the above information:

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

**Applicant Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**