



**COLORADO STATE  
UNIVERSITY**

Center for Community Partnerships (CCP)  
Department of Occupational Therapy

College of Health and Human Sciences  
Fort Collins, Colorado 80523-1573  
Phone: (970) 491-5930  
Fax: (970) 491-3307  
<http://www.ccp.colostate.edu>

## Center for Community Partnerships Thrive Program Summer 2024 Application

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### Personal Information

Applicant Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Are you your own legal guardian?

☐ Yes ☐ No

Emergency Contact Information:

- Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

Description of disability and/or challenges:



**Do you currently drive?**

☐ Yes      ☐ No

**If no, 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 method(s) of transportation:**

- ☐ Transfort/Bus System
- ☐ Dial-A-Ride
- ☐ SAINT
- ☐ Taxi/Uber/Lyft
- ☐ Family/Friends
- ☐ Bike
- ☐ Walk
- ☐ Other: \_\_\_\_\_

**Do you have a social security number/card?**

☐ Yes      ☐ No

**Do you have a Colorado State ID?**

☐ Yes      ☐ No

**Do you have a criminal history?**

☐ Yes      ☐ No

**If yes, please answer the following:**

- |                         |                                      |                                 |
|-------------------------|--------------------------------------|---------------------------------|
| Misdemeanor or felony?  | <input type="checkbox"/> Misdemeanor | <input type="checkbox"/> Felony |
| Currently on probation? | <input type="checkbox"/> Yes         | <input type="checkbox"/> No     |



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**Do you have a current problem with drug or alcohol use?**

☐ Yes      ☐ No

**If yes, please explain:** \_\_\_\_\_

If yes, are you currently in a treatment program?      ☐ Yes      ☐ No

Name of program: \_\_\_\_\_

**Do you have any medical or safety concerns that we need to know about? If so, please elaborate:**



## Education Information

**High School(s) 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

**Did you receive accommodations through an IEP or 504 plan?**

- ☐ IEP
- ☐ 504
- ☐ No

**If yes, please briefly describe accommodations received:**

**How many days did you miss in your most recent year of school due to illness, appointments or other obligations?**

- ☐ 0-5
- ☐ 5-10
- ☐ 10-15
- ☐ 15 or more

**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 select which program was attended and indicate years attended:

- ☐ **Community Connections.** Years Attended: \_\_\_\_\_
- ☐ **Cooper Home.** Years Attended: \_\_\_\_\_
- ☐ **Front Range Career and Technical Education Programs.** Years Attended: \_\_\_\_\_
- ☐ **Professional and Community Experience.** Years Attended: \_\_\_\_\_
- ☐ **Project Search.** Years Attended: \_\_\_\_\_
- ☐ **School-To-Work Alliance Program.** Years Attended: \_\_\_\_\_

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**Service Agency Connections**

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

- ☐ Yes

DVR counselor name and email: \_\_\_\_\_

- ☐ No
- ☐ Applied, but not currently receiving services
- ☐ I don't know what this is

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

- ☐ Yes

FGI Case manager name and email: \_\_\_\_\_

- ☐ No
- ☐ Applied, but on the waitlist
- ☐ I don't know what this is

**If receiving services from Foothills Gateway, please indicate type(s) of service being received:**

- ☐ Comprehensive services (COMP)
- ☐ Supported Living Services (SLS)
- ☐ Family Support Services Program (FSSP)
- ☐ Not sure



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

## Thrive-Specific Questions

**Please select which of the following career areas you are most interested in learning about:**

- ☐ **Agriculture:** Agricultural technician; Farmers or ranchers; Nursery and greenhouse workers
- ☐ **Animal Sciences:** Veterinary assistant; animal care provider; Veterinary technician; Wildlife Biology
- ☐ **Business/Office:** Bookkeeping/Accounting; Administrative support professionals; Office Machine/Copy machine operator; Print Shop assistant; Marketing; Office Management; Receptionist/Scheduler; File Clerk
- ☐ **Food Service:** Waiters and Waitresses; Dietary Aide; Dishwashers; Cook/Line Cook; Food Preparation worker; Dining Room and Cafeteria Attendants; Dietitians and nutritionists; Barista/Coffee Shop attendant; Baker
- ☐ **Healthcare/Health Services:** Nursing/Nurse Assistant; Rehabilitation Aide; Personal Care Provider; Certified Nursing Assistant; Medical Records technician; Laboratory technician
- ☐ **Hospitality:** Hotel staff/concierge; Food servers (non-restaurant); Ushers/Lobby Attendants/Ticket Takers (movie theaters or events); Recreation aide/clerk; Housekeeping/Laundry
- ☐ **Manufacturing:** Quality Assurance technician; Packaging; Warehouse associate; Woodworking; Welding; Machinist
- ☐ **Natural Resources:** Forestry; Park Ranger; Outdoor Recreation; Biology; Environmentalist
- ☐ **Retail:** Retail Salesperson; Cashiers; Sales agent; Sales associate; Customer Service Representative; Bank Tellers; Stock Clerks; Cashiers/Courtesy Clerks (Grocery stores)
- ☐ **STEM/Technology:** Information technology; Computer analysis; Scientist/Research lab assistant; Computer repair; Engineers; Software developers; Graphic designer; Computer network support technician; Database administrator/Data entry
- ☐ **Other** (please describe): \_\_\_\_\_
- ☐ **Not Sure**

**Which of the following employment skills are you most interested in learning more about? Check all that apply:**

- ☐ Personal Strengths/Challenges
- ☐ Disability Disclosure at Work
- ☐ Accommodations at Work
- ☐ Job Search and Applications
- ☐ What do Employers Look for?
- ☐ Resumes and Cover Letters
- ☐ Interviewing
- ☐ Networking and Social Media
- ☐ Soft Skills in the Workplace (ex: communication, professionalism)
- ☐ Self-Advocacy
- ☐ Financial Literacy
- ☐ Other (please describe): \_\_\_\_\_
- ☐ Not Sure

**Have you had any paid or unpaid work experience?** (Internships, volunteering, paid jobs)

- ☐ Yes      ☐ No

If yes, please describe:

**Did you utilize any accommodations while employed or completing internships?**

- ☐ Yes      ☐ No

If yes, please briefly describe accommodations utilized:





**Have you ever quit a job and/or internship?**

☐ Yes      ☐ No

If yes, please explain:

**If you plan to participate in an internship, are there any non-negotiables you have for your internship?** (ex: fear of animals, can't commute outside of a certain area, not comfortable in certain settings, etc.)

☐ Yes      ☐ No

If yes, please describe:

**In your own words, please describe why you want to be involved with Preparing to THRIVE this summer:**

**Please submit your completed application to Maddie Fish-Madeline.Fish@colostate.edu no later than May 1, 2024 at 5:00 pm.** Please note that applications are accepted and spots in the program are awarded on a first-come, first-serve basis. Submission of an application does not guarantee a spot in the program.