

Dear Summer Program Applicant and Parent/Guardian,

We are excited to again be offering two summer programs for youth with disabilities. The following will help determine which of the two programs will best meet your student's needs; interests and availability during the summer, a number of significant changes have been made to the programs, so read them carefully before making your choice.

You must choose **EITHER** the Youth Summer Program **OR** the Transition Club, by circling your choice at the top of the application page. You will not be allowed to enroll in both. Not specifying your choice will delay your application until we can contact you. This delay could cost you a place in the summer program.

We hope to receive your application soon. We are now enrolling students year round, so there is no need to hold off reserving your student's place. Please mail, email, drop-off or fax to the number below. Please feel free to call or email me with further questions. We will be accepting 30 students in the Youth Summer Program and 40 in the Transition Summer Program. **We fill up fast and slots will be filled on a FIRST COME, FIRST SERVE BASIS.** Participants can attend the Transition Summer Program only one year and the Youth Summer Program up to 3 years.

Youth Summer Program

The Youth Summer Youth Program is for students 16-22 and starts on June 16th, and then is every Tuesday and Thursday until July 30th. Students will divide into two groups, alternating between cooking and outings. The outings groups will go into the community on the bus or Trax, to a destination of the student's choice. The cooking groups will go to an area grocery store to shop for the ingredients to make a nutritious breakfast or lunch. Whole group instruction will include bus training, social skills, sex education, self-advocacy and a dance. This program would be perfect for a student who needs to improve their social skills and overall living skills in a fun and safe environment. The suggested donation for this program is \$45 and will include a t-shirt.

Transition Summer Program

The Transition Club is for students 14-21 and starts June 15th and then is every Monday and Wednesday through July 29th. This program will focus on aspects of employment. Students will learn about social skills, dressing for success, and transportation on the bus or Trax to access community resources. Students will also learn how to write a resume, fill out a job application, interview, and how to be an effective self-advocate in an interactive and fun learning environment.

We have received a grant through the Utah State Office of Rehabilitation, making this program **FREE**. USOR requires that we collect Social Security numbers from all students accepted into this **FREE** 2-day program. Parents/guardians will be required to provide this information before the beginning of the program.

A teacher can sign and verify that your student qualifies for the program. I am sorry for any inconvenience this has/will cause you. No application will be accepted without this information. For applications that a teacher has not signed, one of the following is an acceptable alternative documentation:

1. Copy or verification of SSI/SSDI award.
2. Medical record or letter from medical or counseling professional.
3. Case note documenting counselor observation, review of school records, or statements from education staff.
4. Referral form from pre-employment services with the identification of a student's disability, signed by school staff and parent/guardian if the student is under the age of majority (18) in a State.
5. Copy of an individualized education program (IEP) document, SSA beneficiary award letter, school psychological assessment, documentation of a diagnosis or disability determination or documentation relating to 504 accommodations.

Friday Outings Day

This separate Outings Day is an optional add-in program and is only available to students also enrolled in the Transitional Summer Program. Each Friday we will travel into the community on the bus or Trax, to a pre-determined location for fun and social interaction. The Center will be closed on Friday July 3rd and July 24th. The Outings Day includes a day camp to Silver Lake and then a cookout at a camp ground in Big Cottonwood Canyon on Wednesday, August 5, 2020 from 9:00am – 7:00pm. The suggested donation for this program is \$45 and will include a t-shirt.

Kathy Self kself@uilc.org
Youth Transition Coordinator
(801) 466-5565 Ext. 211 Fax (801)466-2363

Utah Independent Living Center
3445 South Main Street
South Salt Lake, UT 84115

Below are some questions to help staff members better serve your student. Information provided will be used to help us plan and organize classes.

Your student must be able to feed and bathroom themselves. You are responsible for transportation to and from the Center for your student.

1. Special Dietary Needs: No ____ Yes ____ If yes, please explain _____

2. Please explain your students disability, include whether or not your student uses a mobility device.

3. Has your student been in any of the summer programs before? Yes ___ No ___ If yes, What year(s)? _____

4. What are your student's UTA skills? Can ride alone ____ Needs help ____
Do you want UTA training for your student before summer? _____

5. Is your student able to follow simple directions? Yes ___ No ___ Please explain _____

6. How does your student handle unfamiliar situations? Please explain _____

7. Given the opportunity will your student wander/leave the group? _____

8. Are there behavior characteristics that staff should be aware of? Examples include but are not limited to: defiance, violence, etc. _____

9. What strengths/skills does your student possess? _____

10. What would you like to see your student achieve from these classes? _____

Other comments, concerns or accommodations your student will need to participate: _____

**Participants will be supervised on 1:10 staff to student ratio.
Please remember this as you are considering enrolling your student.**

**2020 Utah Independent Living Center
Summer Program and Empowerment and Transition Academy
Permission Form**

I hereby give permission for _____ to participate in the Utah Independent Living Center's Summer Program/Empowerment and Transition Academy. With this fully signed permission slip, I hereby release and discharge the Utah Independent Living Center and its employees from all liability, claims and /or demands for property damage and personal injury, which may arise from an accident or injury while attending activities for the summer program, or being transported to and from these activities.

_____ Agree _____ Disagree

I agree to authorize the Utah Independent Living Center to take and utilize photographs, videos, or other audio-visual materials for its own use. These materials will be used for public awareness, public relations and fundraising. I also understand that I will not be compensated monetarily or otherwise for use by the UILC.

_____ Agree _____ Disagree

I agree to authorize the Utah Independent Living Center to take and utilize photographs, videos, or other audio-visual materials for creation of a Summer DVD that will be available to participants at the end of the program.

_____ Agree _____ Disagree

I want my student to participate in the sexuality discussion and grant my permission for he/she to attend. The sexuality class is held all day on July 31st. If you have any questions concerning curriculum, please contact Kathy at UILC.

_____ Agree _____ Disagree

Parent/ Guardian Signature _____ Date: _____

Please print your name _____

In case of an emergency I can be contacted at the following number _____

Return application as soon as possible to the Utah Independent Living Center

Mail—Attn: Kathy Self, 3445 So. Main Street, SLC, Utah 84115-4453

Email—kself@uilc.org

(801) 466-5565 Ext. 211 **Fax**— (801) 466-2363

**UTAH INDEPENDENT
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FAX (801) 466-2363
(800) 355-2195
uilc@xmission.com
www.uilc.org



Release of Information Exchange

Fill out only if attending Transition and Empowerment Academy

The purpose of this release of information is to facilitate transition services being provided to my student by the Utah Independent Living Center (UILC). The UILC is a non-profit agency that provides independent living skill transition services to individuals with disabilities. Care will be taken by agencies involved to release only that information which is required for effective and efficient implementation of services. Confidential information to be included in this interagency information exchange agreement will include: name, birthdate, and basic demographics. Information will be used to determine eligibility and for administrative purposes required by Department of Workforce Services Rehabilitation and other funding sources. This release will not be used for detailed medical or as psychological information.

Agencies Share Access to Confidential Information

Department of Workforce Services Rehabilitation:
Address: 1595 W. 500 S., SLC, UT 84104
Contact Person: Aimee Langone, MEd, CRC, LVRC
Phone: 801-887-9503

Utah State Board of Education School District:
Address: _____
Contact Person: _____
Phone: _____

Utah Independent Living Center:
Address: 3445 S Main St., Salt Lake City, UT 84115
Contact Person: Kathy Self
Phone: 801-466-5565

I understand that my student's records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

I authorize the release and/or disclosure of information between the agencies listed above. I understand that this release is effective from the date below and while my child is enrolled in school. I understand I may revoke this consent at any time by sending written notification to the above listed agencies.

Student Name

Current School Attending

Parent/Guardian Signature

Date

Today's Date _____

UTAH INDEPENDENT LIVING CENTER Summer 2020 Application

Circle one: Youth Summer Program Transition Summer Program check box to add-in Friday Outings

Please Circle Correct Answer	First Name _____	Middle Name _____	Last Name _____	Date of Birth _____	Age _____	
	Address _____		County _____	City _____	State _____ Zip _____	
	Email _____		Phone/Cell Phone _____			
	Race: White	Black/African American	Native American or Alaskan Native			
	Asian	Pacific Islander or Native Hawaiian	Unknown			
	Are you also Hispanic? Yes No		Gender: Female Male			
	Grade in School: 7 8 9 10 11 12		Post School Name: _____			
	Are you a current Vocational Rehabilitation (VR) client? Yes No					
	If you are a current VR client, who is your VR counselor? _____					
	Living Arrangement: Dependent with family/friends		Group Home	Professional Parents		
What is your disability? _____						
What services do you need? _____						
Are you registered to vote? Yes No		If not, would you like to register to vote? Yes No				

I understand that assistance may be given by the Utah Independent Living Center for the purpose of assisting me to become independent. Although specific services or independence cannot be guaranteed by the Utah Independent Living Center or by myself, a reasonable amount of assistance will be given to me for that purpose if I am found eligible for services.

I understand information collected in this interview and in the subsequent development of my service record is necessary to establish eligibility for services and in the provision of services if I am found eligible. The Utah Independent Living Center will gather information from me personally or with my consent. Information from my service record will not be disclosed other than in the administration of my independent living program, unless my written approval has been obtained. I am aware of my rights concerning the release of information.

The Utah Independent Living Center makes no distinction in race, color, sex, age, gender identity, sexual orientation, creed, disability or national origin in the provision of services to individuals under the program. I understand that I may appeal discriminatory practices and that I have the right to appeal the decision of my service coordinator to his/her supervisor. My service coordinator will help me if problems of this nature arise. If additional assistance is needed, the Client Assistance Program (CAP) is available to act as an advisor and advocate. CAP can be reached by calling 1-800-662-9080.

Student Participation Statement

Waiver Statement: I understand the purpose of a written Independent Living Plan, but at this time I am waiving participating in the plan development. I understand that I can request participating in an Independent Living Plan at any time.

OR

Participation Statement: I will participate in the development of an Independent Living Plan.

Consumer or Representative _____ Date: _____
IL Service Coordinator _____ Date: _____

Student Eligibility – Transition and Empowerment Academy ONLY

I verify that this student has a disability and is receiving services under IDEA or does/would qualify under 504.

Teacher: _____ Date: _____

This Program is offered in cooperation with Utah State Office of Rehabilitation 10/2/2019