

**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 either 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.**

# 2019 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](mailto:kself@uilc.org)

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

Today's Date \_\_\_\_\_

## UTAH INDEPENDENT LIVING CENTER Summer 2019 Application

Circle one:      **3 Day Summer Youth Program**      **2 Day Empowerment and Transition Academy**

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: 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 1/22/2018*

**UTAH INDEPENDENT  
LIVING CENTER, INC.**  
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V/TTY (801) 466-5565  
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