



## Application for Admission

Personal Information

<b>Office Use Only</b>
Date Received:            /    /

<b>Legal Name:</b> Last/Family            First            Middle/Maiden	<b>Social Security Number:</b> _____ - _____ - _____
--------------------------------------------------------------------------	---------------------------------------------------------

**Permanent Mailing Address:** (include street & number, city, state, and zip) **Correspondence will be mailed to this address.**

Home Phone:	Work Phone:	Cell Phone:	Email Address:
-------------	-------------	-------------	----------------

**Resides:**  Alone  Family Home  Group Home  Other  
**Legal Status**  Competent  Adjudicated Incapacitated  Other guardianship:

<b>Date of Birth:</b> ____ / ____ / ____ <small>Month Day Year</small>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship:</b> <input type="checkbox"/> United States <input type="checkbox"/> Other: _____	<b>Immigration Status:</b> <input type="checkbox"/> Permanent Resident Alien (copy required) <input type="checkbox"/> Refugee (copy required) <input type="checkbox"/> Visa Type (copy required) _____
------------------------------------------------------------------------------	------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Voluntary response is requested for federal regulation. This information will not be utilized in a discriminatory manner. (please check one only)**

American Indian or Native Alaskan  Asian or Pacific Islander  Black (non-Hispanic)  Hispanic  White (non-Hispanic)

**Indicate Session You are Applying For (including anticipated ending dates):**

**ENTRY-LEVEL CULINARY ARTS:**  
 \_\_\_\_\_

**MATERIAL HANDLER:**  
 \_\_\_\_\_

**Arc Works Participant**

**Occupational or Professional Experience:** Indicate past work experience.

Position/Activity	Location — include city and state	From Mo/Yr	To Mo/Yr
		/	/
		/	/
		/	/

<b>Emergency Contact Name:</b>		<b>Relationship to Student:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Address:</b> (include street & number, city, state, and zip)		

**Education (Please check box that applies):**

- High School Diploma
- Anticipated Date of Graduation from High School (month/year\_\_\_\_\_)
- General Education Diploma (GED)
- Anticipated Date of completion of GED (month/year\_\_\_\_\_)
- None of the above (Did not complete H.S. or GED)

**H.S. Diploma or GED required for Culinary Arts & Material Handler programs.**

**High School Attended or Site of GED:**

Name of School	
Graduated or Completed GED (month/year)	City/County/State

**Other Intuitions Attended**

Name of School		
Graduated (month/year)	Course of Study	City/County/State
Name of School		
Graduated (month/year)	Course of Study	City/County/State

**Other Degrees/Certifications Possessed** \_\_\_\_\_

**Have you ever been incarcerated, convicted of a felony, or experienced disciplinary problems at another educational institution?**

- YES  NO

**If yes, please submit a written statement to the Director explaining the circumstances prior to admission. This information will be handled confidentially.**

Director of Arc Educates: Hector Mañón | Director of Arc Works: Jody Ellis

**Arc Educates and Arc Works are divisions of Arc Broward, a nationally accredited human services organization. Achievement Rehabilitation Centers, Inc. is a registered Florida Corporation operating under the registered fictitious names Arc Educates and Arc Works.**

**Admission Criteria: Culinary Arts & Material Handler**

- 1. Completed Application
- 2. Minimum age of 18 years old
- 3. High School Diploma or G.E.D
- 4. Copy of most recent transcripts
- 5. A copy of a valid driver's license, passport, or photo I.D.
- 6. Admissions interview, on site, with an admissions representative
- 7. Desire to work in the respective industry.

**Application Deadline:** Applications must be received at least 15 business days prior to session start dates. Please note, a completed application does not guarantee admission or enrollment in the desired session.

**Culinary Arts Applicants:**

- 1. Please briefly describe why you are interested in working in the hospitality/food service industry.

---

---

---

---

---

---

---

---

- 2. What qualities do you think it takes to be a hospitality/food service worker?

---

---

---

---

---

---

---

---

**Application continued on next page...**

**Support Coordinator / Vocational Rehabilitation Counselor / Other Referral Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Insurance & Monthly Income**

Medicaid Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Private Insurance: \_\_\_\_\_

Individual Monthly Income: \_\_\_\_\_

Household monthly Income: \_\_\_\_\_

Sources of Income: \_\_\_\_\_

**Medical Assessment**

Diagnosis: \_\_\_\_\_

a. History of illness and physical limitation/restrictions (Clarify as applicable):

Serious Illness: \_\_\_\_\_

Surgery

Diabetes

Heart Disease

Substance Abuse/Alcohol Dependency

Dizziness

Seizures:  Petit Mal  Grand Mal • Frequency: \_\_\_\_\_

Psychiatric Diagnosis/Comments: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Asthma/Respiratory Illness: \_\_\_\_\_

Poor Vision/Blindness

Hearing loss/Deafness:

b. Current Medications: (Please list all)

Medication Name	Dosage	Time(s) Taken	Date Prescribed	Prescribing Physician	Reason

c. Is Participant able to self-administer medications?  Yes  No

<p><b>Physician:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p>	<p><b>Psychiatrist/Psychologist (If applicable):</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p>
<p><b>Hospital Preference:</b></p> <p><input type="checkbox"/> Name/Telephone: _____ <input type="checkbox"/> <i>First available</i></p>	

**Behavioral Assessment (Please include comments in the space provided)**

a.  Self-injurious behavior

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b.  Verbally disruptive behavior:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c.  Unusual fear(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d.  Resistant behaviors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e.  Criminal History (provide details and attach background, if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Independent Living Skills Assessment

### Communication:

- Y  N Verbally communicates, articulates clearly, easily understood
- Y  N Uses gestures to communicate
- Y  N Uses sign language to communicate
- Y  N Uses pictures to communicate
- Y  N Responds when spoken to
- Y  N Indicates, needs, wants, desires
- Y  N Responds to question appropriately
- Y  N Speaks in full sentences
- Y  N Speaks in short phrases
- Y  N Can answer many common questions
- Y  N Stays on topic of conversation
- Y  N Maintains appropriate voice volume
- Y  N Stands at appropriate distance when speaking
- Y  N Takes turns speaking (does not interrupt)
- Y  N Reads independently (specify approximate grade level) \_\_\_\_\_
- Y  N Writes legibly in sentences (comments: \_\_\_\_\_)

### Transportation:

- Y  N Participant can drive a vehicle
- Y  N Participant can use the public transit
- Y  N Will need a bus pass for Broward County
- Y  N Family will provide transportation
- Y  N Approved for Paratransit (pin number \_\_\_\_\_)

### Mobility:

- Y  N Ambulates independently with steady, stable, solid gait
- Y  N Ambulates with awkward gait
- Y  N Ambulates with use of assistive device (walker, cane, brace, wheelchair, etc.)
- Y  N Maneuvers around program facility without disturbing property/people
- Y  N Bends without difficulty
- Y  N Lifts up to 35 pounds
- Y  N Pushes and pulls items without difficulty
- Y  N Has dexterity to manipulate small objects (snap, twist, and pushing with use of fingers)

Assistive devices or adaptive technology currently used by participant:

---

Environmental Factors:

---

Physical Limitations:

---

**Services of Interest (check all that apply)**

- Supported Employment/Employment Services/Job Coaching
- Job Development/Job Placement
- Career Advancement
- Resource Café Classes (social and financial literacy skills building)
- Computer lab
- Occupational Skills Training class
- Specify Training/Interest: \_\_\_\_\_

**Desired Outcome from Services:**

---

---

---

**Additional relevant information necessary to consider prior to ICP Planning:**

---

---

The information contained within this application is true and correct to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant or Legal Guardian Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of the Arc Broward Representative Date

**Application continued on next page...**

**Culinary Arts & Material Handler Graduation Requirements**

I understand that in order to graduate from the respective program and to receive a Certificate of Completion, I must successfully complete the required number of scheduled clock hours as specified in the Handbook and in the Enrollment Agreement, pass all written and practical examinations with a 75% average and satisfy all financial obligations to the school.

I CERTIFY that all statements given in this application are true and accurate to the best of my knowledge. I acknowledge that I have received and read a copy of the Course Handbook and a copy of the Application for Admission and Enrollment Agreement. I agree to abide by Arc Educates' Student Code of Conduct and all other rules and regulations of Arc Educates. I agree that if my records are not complete within the initial term of enrollment or if any information is found to be false, I may be suspended from classes and the school's refund policy will be followed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Arc Educates Representative

\_\_\_\_\_  
Date Received