

**NEW HORIZONS PROGRAM
APPLICATION**

DEMOGRAPHIC:

Applicant Name _____
Address _____

Parent/Guardian Name _____
Home Phone: _____ **Work Phone** _____
Cell Phone Number _____

Duplicate mailing address: (if yes) Please provide information below:

Parent/Guardian Name _____
Home Phone: _____ **Work Phone** _____
Cell Phone Number _____

Applicant Date of Birth _____
Age when entering NH Program _____

ACADEMIC:

Current School _____
Name of case manager _____
Phone number _____

Classification at date of re-evaluation _____
Full Scale IQ _____ **Last date of Testing** _____
Performance _____
Verbal _____
Processing Speed _____
Woodcock Reading SS _____ **Math SS** _____
GE _____ **GE** _____
Date of Test _____

CURRENT RELATED SERVICES

Service	Frequency
Speech	
Occupational Therapy	
Physical Therapy	
Counseling	
Transportation	
Social Skills Group	
Types of Medication:	

Health History

Does applicant have any allergic reactions to:

Y N Penicillin

Y N Other Antibiotics _____

Y N Insect bites or stings

Y N Peanuts _____

Y N Food Allergies _____

Has the applicant experienced any of the following: (Check all that apply)

Allergies _____

Asthma _____

Colitis _____

Diabetes _____

Epilepsy/Seizures/ Blackouts

High Blood Pressure

Menstrual Difficulties

Neck/Back Pain/Injury

Ulcer

Joint Injury/Surgery

Other: _____

Does the applicant take any medications? _____ (If Yes, explain below)

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Does the applicant have any serious medical issues/conditions? (If Yes, explain below)

Does the applicant receive reduced lunch? _____

Is the applicant eligible for services provided by:

Commission for the Blind _____

Commission for the Deaf _____

Other _____

Does the applicant use any assistive technology/devices? _____ (If Yes, explain below)

Guardianship

If over 18, does applicant have a legal guardian? _____

If so, Limited Guardianship _____ Full Guardianship _____

Name _____ Phone Number _____

Address _____

Relationship to Applicant _____

Adult Agencies

Is the applicant registered for SSDI? (Circle response)

Yes Never applied Application pending Ineligible

Is the applicant registered for DDD (Division of Developmental Disabilities)?
(Circle response)

Yes Never applied Application pending Ineligible

Is the applicant registered for DVR (Division of Vocational Rehabilitation)?
(Circle response)

Yes Never applied Application pending Ineligible

EMPLOYMENT

Has applicant ever participated in an internship program?

If yes,

Employer: _____

Position _____

Internship Date _____

Job responsibilities _____

Is/has the applicant currently/previously employed? _____

If yes,

Employer: _____

Position _____

Date Hired _____

Job responsibilities _____

Can this student work at a job site independently? Why? _____

Does the student need any accommodations at the work site? _____ (if Yes, explain below)

What might be a barrier to this student working independently?

What are the student's interests?

What are the long-term goals for this student?

How self-aware is this student regarding his/her disability?

Can this student self-advocate? How has this student's self-advocacy skills improved during high school?

What are the student's strengths in terms of life skills?

What are the student's weaknesses in terms of life skills?

Date: _____

Signature: _____