



# Huntington University ABLÉ Program Application

## **ABLE Program Mission:**

The ABLÉ program is dedicated to developing, expanding, and improving inclusive higher education options for people with intellectual disabilities. The ABLÉ program works with young adults with intellectual disabilities in recognizing their strengths, interests, and preferences and provides them with a path to meet their long term self-driven personal and professional goals. In addition, the ABLÉ program is committed to supporting the education of the campus and community in understanding the potential of individuals with disabilities as full members of the workforce and community.

## **Applicant Criteria:**

- Have a documented Intellectual disability
- Be working towards/have a Certificate of Completion
- Have the capacity to be independent and unsupervised while on campus
- Have the capacity to comply with campus and ABLÉ program policies
- Be willing to explore transportation options and be trained to travel independently
- Have maintained acceptable attendance (currently or in the past). Attendance records from your school should be submitted with the application
- Have maintained the schools discipline policy (currently or in the past) and submit discipline records from the school. If there are no discipline records please have a school official (Dean of Students, TOR, Deans office Secretary, or Guidance Counselor) note that there are no discipline records
- Be willing and able to attend chapel on campus
- Be willing to abide by the HU and ABLÉ handbook

Interested applicants may submit applications to:

Amanda Seaman, ABLÉ Coordinator

2303 College Ave.

Huntington IN 46750

Phone: 260-359-4106



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## Application Instructions:

It is recommended that the student, his/her Teacher of Record, (if still enrolled in a secondary program), and parents work collaboratively to complete this application.

- **Please complete the ABLÉ Application and attach the following items:**
  - High school transcript
  - Most current IEP
  - Most recent Educational Evaluation report
  - Any relevant assessments, work history, or other pertinent information
  - Two letters of recommendation from school officials
  - One letter of recommendation from someone outside of the school corporation
  - Any current information regarding services from Pre-Employment Transition Services (Pre-ETS), including but not limited to assessments, on-the-job experiences, and who provided services.
  - Attendance Records
  - Discipline Records- If there are no discipline records, please have a school official (Dean of Students, TOR, Dean's office Secretary, or Guidance Counselor) note that there are no discipline records.

## Applicant Selection Process

- Applications should be submitted by March 1<sup>st</sup> of the year prior to admission (exceptions can be made if Coordinator is contacted)
- The ABLÉ Admissions Committee reviews the ABLÉ Application and attached documents
- The ABLÉ program conducts an admissions interview with the student
- The student will be informed of admission by mail/email within 30 days of the last round of interviews

Please keep a copy of the application packet for your personal records.



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## ABLE Application

*The following questions are to be answered by the student, parent(s)/guardian(s), and student's Teacher of Record, as appropriate. It may also be helpful to receive input from other transition team members.*

### **Student Information**

Student Legal Name (First, MI, Last): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Birthdate: \_\_\_\_\_

SSN: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Who will be responsible for payment of tuition and fees? \_\_\_\_\_

Mailing Address for the Responsible Party: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Living Arrangement [i.e., family home, group home, supported living]:  
\_\_\_\_\_

Student receives support from: Check all that apply.

\_\_\_ Bureau of Developmental Disabilities (BDDS)      \_\_\_ Vocational Rehabilitation (VR)

\_\_\_ Medical Assistance/Insurance (Include a copy)      \_\_\_ Social Security

\_\_\_ Other, Please Specify \_\_\_\_\_



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## ***Family Information***

Who does the applicant live with? \_\_\_\_\_

Who holds Guardianship Status (the applicant or another individual)?  
\_\_\_\_\_

### **Mother/Guardian**

Name (First, MI, Last): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

### **Father/Guardian**

Name (First, MI, Last): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

## ***Emergency Contact Information***

<b><i>Name</i></b>	<b><i>Relationship to Student</i></b>	<b><i>Phone Number 1</i></b>	<b><i>Phone Number 2</i></b>



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## ***Education History***

Has the applicant completed a secondary education program (Middle/High School)? \_\_\_\_\_  
(please answer the following questions either for the student's previous or current program):

- Where was/is the program located (district/school)? \_\_\_\_\_
- What was/is the applicant's exit date? \_\_\_\_\_
- Teacher of Record Name: \_\_\_\_\_
- Teacher of Record Phone Number: \_\_\_\_\_
- Teacher of Record E-Mail: \_\_\_\_\_

What community-based outcomes are projected in your (the student's) current or exiting IEP?  
(Please address the following areas: employment, community living, post-secondary education, community participation, recreation/leisure, etc.)

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What accommodations have been accessed or provided?

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# Huntington University ABLÉ Program Application

## *Vocational/Work Experience*

What extracurricular activities are you (applicant) involved in?

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How is the applicant transported to and from non-school activities?

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Does the applicant drive or is learning to drive?     yes     no

Does the applicant use public transportation?     yes     no

What community-based work experiences (paid or volunteer) has the applicant had to date?

<b>Employer</b>	<b>Location</b>	<b>Hours</b>	<b>Duties Performed</b>	<b>Dates</b>	<b>Level of Support</b> (1-5, 1 no support needed, 5 must have a job coach)



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## To be completed by the **APPLICANT**-Independent Skills Inventory

-Select the level that gives information on the skills you can do currently/today.

<u>Skills</u>				<u>Comments</u>
Laundry	Independent	Needs Assistance	Never Attempted	
Preparing Cold Meals	Independent	Needs Assistance	Never Attempted	
Preparing Hot Meals	Independent	Needs Assistance	Never Attempted	
Making a Grocery List	Independent	Needs Assistance	Never Attempted	
Shop for Grocery List	Independent	Needs Assistance	Never Attempted	
Use a microwave successfully	Independent	Needs Assistance	Never Attempted	
Personal Hygiene	Independent	Needs Assistance	Never Attempted	
Getting Dressed	Independent	Needs Assistance	Never Attempted	
Cleaning Bedroom or bathroom	Independent	Needs Assistance	Never Attempted	
Stay alone during day	Independent	Needs Assistance	Never Attempted	
Stay alone during night	Independent	Needs Assistance	Never Attempted	
Lock and Unlock Door at home when coming or leaving	Independent	Needs Assistance	Never Attempted	
Orders food in Restaurant	Independent	Needs Assistance	Never Attempted	
Pays for items in restaurant or store	Independent	Needs Assistance	Never Attempted	
Handles own money or credit/debit card	Independent	Needs Assistance	Never Attempted	
Choose own activity or hobby	Independent	Needs Assistance	Never Attempted	
Stays overnight with friends/family	Independent	Needs Assistance	Never Attempted	
Communicates with friends/family	Independent	Needs Assistance	Never Attempted	



# Huntington University ABLÉ Program Application

## To be completed by the **PARENT/GUARDIAN**- Independent Skills Inventory

-Select the level that gives information on applicants current skill set or level.

<b>Skills</b>				<b>Comments</b>
Laundry	Independent	Needs Assistance	Never Attempted	
Preparing Cold Meals	Independent	Needs Assistance	Never Attempted	
Preparing Hot Meals	Independent	Needs Assistance	Never Attempted	
Making a Grocery List	Independent	Needs Assistance	Never Attempted	
Shop for Grocery List	Independent	Needs Assistance	Never Attempted	
Use a microwave successfully	Independent	Needs Assistance	Never Attempted	
Personal Hygiene	Independent	Needs Assistance	Never Attempted	
Getting Dressed	Independent	Needs Assistance	Never Attempted	
Cleaning Bedroom or bathroom	Independent	Needs Assistance	Never Attempted	
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Communicates with friends/family	Independent	Needs Assistance	Never Attempted	





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## To be completed by the PARENT/GUARDIAN

What level of support does the applicant generally need for activities of daily living?

No Support Needed		Some Support Needed		High Level of Support Needed
1	2	3	4	5

Is the applicant able to communicate wants and needs clearly?

No Support Needed		Some Support Needed		High Level of Support Needed
1	2	3	4	5

Are there any of the following considerations that the ABLÉ Interview Committee should be aware of (for safety and support purposes)? Please check all that apply.

X	Consideration	Notes:
	<u>Medical</u> (Please include all medications and denote those taken during the school day.)	
	<u>Allergies to food, medication, and other substances</u>	
	<u>Assistive Technology</u>	
	<u>Behavioral Concerns</u>	
	<u>Means of Communication</u>	
	<u>Safety Needs</u>	



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***To be completed by the PARENT/GUARDIAN***

How will the ABLÉ program benefit the applicant?

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What goals do you have for the applicant's living situation in the future?

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What are your goals do you have for the applicant when it comes to working and having a job in the future?

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Please provide the ABLÉ Interview Committee any information that you feel might be relevant to the applicant and selection for the ABLÉ program.

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By signing below, I verify that all information and statements provided are true and correct.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_