The L.I.V.E.S. Program[SM]

Learning Independence Vocational and Educational Skills

Student Application

Please return by mail on or by April 15
Elizabeth W. Hall, Ph.D.
SUNY-Geneseo
The *L.I.V.E.S. Program*
1 College Circle
220B South Hall
Geneseo, NY 14454

The *L.I.V.E.S. Program*[SM] is collaborative program funded by Hilltop Industries, Finger Lakes DDSO, and SUNY-Geneseo. Enrollment is limited.

The *L.I.V.E.S. Program*[SM] is an educational and vocational initiative funded through a collaborative partnership with the Finger Lakes DDSO, Hilltop Industries, and SUNY-Geneseo. It is designed to provide transition and post-secondary education for students with intellectual disabilities and/or other developmental disabilities and who are eligible for OMRDD services.

The L.I.V.E.S. Program[SM] Requirements for students ages 21 and older

Application Process

While the *L.I.V.E.S Program* is a university-based program, the students will be admitted to the SUNY-Geneseo/Arc of Livingston/Wyoming Counties 21 years and older *L.I.V.E.S. Program*[SM] at SUNY-Geneseo and not SUNY-Geneseo. The *L.I.V.E.S. Program*[SM] will seek to accept 8 - 12 new students each year, typically age 21 or older at the start of their program. All applicants must complete an application process and potential applicants will be observed by a *L.I.V.E.S. Program*[SM] staff member a minimum of two times to help determine appropriateness of the program for the student. Potential applicants will likely:

- have an intellectual and/or developmental disability and be eligible for OMRDD services;
- have a third grade reading level;
- have completed 4 years of high school and have maintained a satisfactory attendance record;
- have earned an Individualized Educational Program (IEP) Diploma, or a certificate of completion (attendance) from an accredited educational institution (did not receive a standard diploma);
- have demonstrated successful participation in an academic setting, life-skills curriculum, and in a vocational situation;
- be able to communicate (orally or with the use of a communication device) with others;
- have a cell phone while on campus;
- demonstrate good social skills (able to demonstrate socially responsible behavior when left unsupervised) and an eagerness for participating appropriately in a post-secondary educational experience and are able to perform basic personal care functions;
- have a desire for greater independence;
- are eligible for or are receiving SSI;
- have a familial or natural supports group that will help the student to reach his/her goals;
- travel independently or be instructed to use the LATS public transportation system; and
- have a familial or natural support group to provide transportation to and from the college setting and other events as determined by the student, that are not provided by the LATS bus system.

Applications are due by April 15th for the following academic year. Once the complete application has been submitted, potential applicants will be contacted for a mandatory student interview and parent/family interview. The following documentation should be included along with the application:

- Most recent Individualized Education Program Plan (IEP);
- Most recent Educational and Psychological Evaluations (within 3 years);
- Related Services Assessments if applicable (Speech, PT, OT, Assistive Technology, etc); and
- Teacher or service provider letter of recommendation(s).

Admission decisions will be made by May 15th for students beginning in the fall semester. Decisions are based on:

- Applicant's learning needs and desire to attend program;
- Ability of program to meet applicant's needs and goals;
- Ability of the applicant to exhibit appropriate behavior and independently negotiate transitions between classes and buildings, lunch and non-academic activities;
- Potential of applicant to successfully achieve his/ her goals within the context of the program content and setting; and
- Commitment from the applicant's family/caregivers to support the goals of the program.

All applicants and their families must participate in an interview process which is designed to determine the student's needs, preferences, and interests; taking into account his/her specific wants and desires. The interview process is designed to determine:

- The applicant's learning preferences;
- Current life skills;
- Vocational interests; and
- Independence levels.

Materials to Include in the Application Packet

1. The *L.I.V.E.S. Program*[SM] Application for the SUNY-Geneseo/Arc of Livingston/Wyoming Counties *L.I.V.E.S. Program*[SM] and $25.00 application fee
2. Questions about Me Form
3. Parent/Guardian Information (recommend but optional – to be completed by the parent/guardian)
4. Three (3) letters of recommendation (see enclosed forms).
    a. One letter should be from a teacher
    b. One letter should be from an employer or community member
    c. One letter should be from a relative or friend
5. Acknowledge of Responsibility and Student Release of Information Agreement
6. Emergency Contact/Medical Information form
7. High School Transcript
8. Copy of last Individualized Educational Program Plan
9. Educational, Psychological, and Social Evaluations conducted within the last three years
10. Recent photograph

Mail Completed Application and $25.00 application fee (made payable to SUNY-Geneseo/*L.I.V.E.S.* Program):
SUNY-Geneseo
L.I.V.E.S. Program[SM]
c/o Elizabeth W. Hall, Ph.D.
1 College Circle
220B South Hall
Geneseo, NY 14454

You will receive a letter to confirm that we have received your application. Please DO NOT call about the status of your application, as we will not provide that information over the telephone. We will call students to schedule an interview in the order in which the applications were received. If you have any questions about completing the application, please contact Dr. Elizabeth W. Hall at 585-245-5351 or Dr. Tabitha Buggie-Hunt at 585-245-5112.

The L.I.V.E.S. Program[SM] Application Form

SUNY-Geneseo/Arc of Livingston & Wyoming Counties Program
for students age 21 and older

This form is to be completed by the student

Name _____

Address _____

_____
City State Zip Code

Alternate Phone number _____

Date of Birth _____
Month Day Year

High School Attending or Attended _____

Date of Graduation or Expected Graduation _____
Month Year

I understand that I am applying to a 4-year program for transition, vocational/employment, and educational program at SUNY-Geneseo, funded through a collaborative project by Hilltop Industries, Finger Lakes DDSO, and SUNY-Geneseo. The information provided on this application is my own work and represents my own thoughts. I verify that I meet the eligibility requirements as described on page 2 of this packet.

Your signature _____

Print your name _____

Date _____

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SUNY-Geneseo/Arc of Livingston & Wyoming Counties Program
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Questions About Me

Name _____

Please answer the following questions to the best of your ability. Your answers should be short, but you may attach additional sheets of paper if needed.

Tell us about any activities, hobbies, and/or groups that you belong to or have belonged to. (You may not have an answer for each question)

1. I play the following sports_____
   _____
   _____

2. I belong to the following clubs or organizations or I have belonged to the following clubs or organizations_____
   _____
   _____

3. I work at _____
   _____
   _____

4. My other interests include_____
   _____
   _____

5. I would like to take a class or classes about _____
   _____
   _____

6. Two goals for my future are

a. Goal 1_____

_____

_____

_____

b. Goal 2_____

_____

_____

_____

The L.I.V.E.S. Program[SM] Application Form

SUNY-Geneseo/Arc of Livingston & Wyoming Counties Program
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Parent/Guardian Form (recommended, but optional)

Name _____
Address _____
_____

Phone number _____
Alternate Phone number _____
Email address _____
Relationship to the student _____
Student's Name _____

Please discuss why you are interested in the L.I.V.E.S. Program[SM] for the applicant.

_____
_____
_____
_____

Please discuss any assistance the applicant had in completing this application. (This will not affect the admissions decision process.)

_____
_____
_____
_____

I understand that _____ is applying for admission to attend the *L.I.V.E.S. Program*[SM] at SUNY-Geneseo, a collaborative program for students age 21 and older. If s/he is selected to participate, I will ensure that s/he attends the program. I certify that s/he meets the following eligibility criteria: has an intellectual or other developmental disability, is eligible for OMRDD services, is 21 years of age or older; demonstrates a desire to continue his/her education; and displays socially appropriate behavioral and social skills in the school, home, and community.

Signature _____
Print your name _____ Date _____

The L.I.V.E.S. Program[SM] Application Form

SUNY-Geneseo/Arc of Livingston & Wyoming Counties Program
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Personal Recommendation Letter

About the Applicant

Applicant's Name _____
Applicant's Address _____
_____

About the person writing the recommendation
Name _____
Address _____
_____
Phone number _____
Alternate phone number _____
Email address _____
Relationship to the applicant _____

I have known the applicant for (specify years/months)_____

Please use a separate sheet of paper to discuss the following:

1. Describe your relationship with the applicant
2. Describe why you feel the applicant would benefit from a transition (vocational/employment and education) program at a postsecondary institution.
3. Describe the applicant's desire to learn, using examples from your relationship.

Your letter should be no more than two (2) pages in length. Please sign your letter, seal the letter in an envelope and sign across the seal. Return the letter to the applicant, who must enclose it with his/her application packet. Admission to the *L.I.V.E.S. Program*[SM] is offered on a rolling basis. The *L.I.V.E.S. Program*[SM] anticipates admitting 8 – 12 students every fall.

The L.I.V.E.S. Program[SM] Application Form

SUNY-Geneseo/Arc of Livingston & Wyoming Counties Program
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Acknowledgement of Responsibility and Student Release of Information Agreement

By signing this agreement, and by participating in the *L.I.V.E.S. Program*[SM], I acknowledge that SUNY-Geneseo, Hilltop Industries, and the FLDDSO will be collecting information data about my personal and academic achievements throughout this program.

I understand that this information will be used to encourage my development, as well as to help improve the services provided by the *L.I.V.E.S. Program*[SM].

I understand that information gathered about me may be used in reporting back to SUNY-Geneseo, Hilltop Industries and the FLDDSO (funding agencies). I understand that my name and image may appear in reporting documents and on the *L.I.V.E.S. Program*[SM] website.

I give SUNY-Geneseo, Hilltop Industries, and the FLDDSO the right to use my photograph, quotes, and/or video tapes of me for public relations and/or training purposes.

At all times, SUNY-Geneseo, Hilltop Industries, the FLDDSO and its agents, will to the greatest extent possible, protect my privacy and confidentiality.

Name _____

Signature _____

Date _____

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Emergency Contact Form

Name of Student _____

In case of emergency, please contact

Name _____ Relationship _____

Day Phone _____ Cell Phone _____

Name _____ Relationship _____

Day Phone _____ Cell Phone _____

Medical conditions: Please list any medical conditions that we should be aware of, including allergies:

_____

_____

_____

_____

Medications: Please list all medications the student currently takes. Are there symptoms from medication that staff should be alerted to? Please note: Students must be able to take medication independently if medication is needed during school hours.

_____ _____

_____ _____

_____ _____

_____ _____

Does the student have health insurance? _____

Student's guardian status (please circle one) Self Parent Other

Parent/Guardian Name _____

Parent/Guardian Address _____

_____

If full guardianship is in place, parent/guardian must sign below to permit emergency and life-saving medical treatment, if we are unable to locate the parent/guardian at the time of the emergency:

I_____ and _____, parent(s) and/or legal guardian(s) of _____, authorize medical and emergency treatment to be given to him/her in the event that I (we) cannot be reached.

Signature (parent or guardian)_____ date _____
Signature (student) _____ date _____

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Sample Student Interview Questions

Students who submit a completed application form will be required to participate in an intake interview with members of the *L.I.V.E.S. Program*[SM] Admissions Committee. This interview will provide the student the opportunity to learn more about the program and give the Admissions Committee the opportunity to learn more about the student. The questions below illustrate the types of questions that students may be asked during the intake interview; there are no right or wrong answers to the questions and students do not need to prepare or rehearse answers to these questions.

1. Why do you want to go to college?
2. What do you know about SUNY-Geneseo and the *L.I.V.E.S. Program*[SM]?
3. How will you get to and from college?
4. What questions to you have about the *L.I.V.E.S. Program*[SM] and school?

The L.I.V.E.S. Program[SM] Application Form

SUNY-Geneseo/Arc of Livingston & Wyoming Counties Program
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- ☐ I attended an informational meeting on _____.
- ☐ I completed and submitted an application to the SUNY-Geneseo/Arc of Livingston & Wyoming Counties *L.I.V.E.S. Program*[SM].
- ☐ I have included the $25.00 application fee.
- ☐ I submitted my high school transcript and any postsecondary records.
- ☐ I submitted current educational, psychological, and social evaluations which have been conducted within the last three (3) years. (an IEP is not considered an evaluation)
- ☐ I completed the *L.I.V.E.S. Program*[SM] application packet, which includes:
  - ☐ *L.I.V.E.S. Program*[SM] application
  - ☐ Questions about Me
  - ☐ Parent/Guardian Information (recommended but not required)
  - ☐ Three letters of recommendation
    - Teacher
    - Employer/Community Member
    - Personal (relative)
  - ☐ Acknowledgement of Responsibility and Student Release of Information Agreement
  - ☐ Emergency Contact/Medical Information Form
  - ☐ Recent photograph of applicant