

UNIQUE ALTERNATIVES INC

LIFE SKILLS ONE ON ONE PROGRAM



APPLICATION

Applicant: _____ last four digits S.S. #: _____

D.O.B: _____ Birth Place: _____

Parent/Guardian Address: _____

Work Phone: _____ Alternative Phone: _____

Parent/Guardian E-Mail address (optional): _____

Emergency Name & Phone: _____

Funding Source: Links Funds , DSS , Self Pay , Sponsorship , Housing Department , Others _____

What track is the applicant currently pursuing?

- Military Track (get into the armed forces)
- Higher Learning Track (attend college or university)
- Basic Employment Track (prepare to find jobs and housing now).
- General Support Track (setting goals, working on basic needs,)
- ALL of the above

Is the applicant a Military Depended? Yes No

*If in foster care, does applicant have a Transition Living Plan in place ? Yes No.

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Applicant Educational History

Current or most recent Educational Placement: _____

Grade: _____ Regular Education Special Ed Classification: _____

Does Applicant have an Individual Educational Plan? Yes No

Applicant Name: _____

Yes	No	Performance	Grade(s)
		Does the applicant still attend school? If yes, enter current grade. If no, enter last grade.	
		Has the applicant been in Special Education or Resource Classes? If yes, enter grade.	
		Has the applicant ever repeated a grade? If yes, enter grade repeated.	
		Has the applicant ever skipped grade? If yes, enter grade skipped.	
		Has the applicant ever been suspended or expelled? If yes, enter grade.	

Applicant's Behavioral & Emotional History

Yes	No	Performance	If yes, describe
		Has applicant ever demonstrated violent behavior?	
		Has applicant ever has any involvement with the legal system?	
		Has applicant ever tried to commit suicide, or talked about suicide?	
		Has applicant ever had any changes in behavior and/or mood (anxious, sad, withdrawn, angry, overly happy, etc)? If yes, include approximate dates in description.	
		Has applicant received a psychological evaluation within two years of date applying to Unique Alternatives Independent Living Program	

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Applicant's Substance Abuse History

Yes	No		Current Frequency of Use	Age Usage Began
		To your knowledge, is applicant currently using drugs or alcohol? If yes, note dates discovered and indicate all substance below:		
		Tobacco		
		Wine		
		Beer		
		Hard liquor (tequila, vodka, etc)		
		Marijuana		
		Hallucinogens (LSD, PCP, etc)		
		Stimulants (uppers, cocaine, crack, etc)		
		Depressants (sedative, barbiturates, etc)		
		Opiates (meth, heroin, etc)		
		Inhalants (glue, gasoline, spray paint, etc)		
		Others:		

Applicant's Sexual History

Yes	No		If Yes, Describe
		To your knowledge, has the applicant been sexually active?	
		To your knowledge, has the applicant had any sexual problems?	
		Has applicant exhibited any inappropriate sexual behaviors (e.g., acting out?)	
		To your knowledge, has the applicant ever been sexually abused?	

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Applicant's Medical History

Applicant Name: _____

Applicant's Medical History

Please check items listed below which the applicant has experienced difficulty with:

- Asthma Frequent Ear Infections Mumps Skin Disorder
 Bronchitis German Measles Kidney Disease Chicken Pox
 Headaches Sinus Infections Insomnia Heart Disease
 Constipation Hearing Difficulties Diarrhea Nose bleeds
 Others: _____

Applicant's Other Medical History: Provide Applicants other medical concerns below, If Yes, provide age and details.

Yes	No	Illness	Age	Details
		Allergies (list):		Provide Symptoms:
		Surgeries (list)		Explain and provide date performed:
		Accidents (list)		Explain and provide date occurred:
		Other hospitalizations (list)		Explain and provide date occurred:

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Applicant's Family Medical History

Code: 1-Mother 2-Father 3-Sister 4-Brother 5-Grandparents

Ailment	Code	Details
Asthma		
Cancer		
Meningitis		
Rheumatic Fever		
Hemmorherigic Disease		
Heart Disease		
Epilepsy		
Influenza		
Allergies		
Mental Illness		
Others:		

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PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

I hereby allow applicant _____, for whom I am the legal guardian, to participate in Unique Alternatives Inc Life Skills One on One Program. I understand that the potential risk and alleged benefits of any intervention or activity will be shared prior to participation.

I hereby agree to indemnify and hold harmless Unique Alternatives Inc, its employees, contracted workers, and agents from and against all claims, losses, or liability, including injury associated with his/her participation in this program.

Print Name of Parent/Guardian

Date

Parent/Guardian Signature

Date

Participant if over 18

Date

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TRANSPORTATION RELEASE

_____ may be accompanied and transported by agents of Unique Alternatives Inc Life Skills One on One Program; however, neither Unique Alternatives Inc and its agents assume any liability by such accompaniment or transportation or for any injuries or damages that occur while traveling to or from program event or during the time in attendance at or is participating in the activity.

I do grant permission to Unique Alternatives Life Skills One on One Program agents/adult volunteers to transport my child to/from activities located away from the regular meeting site.

Parent/Guardian Signature

Date

Participant if over 18

Date

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PARENTAL EMERGENCY MEDICAL CONSENT FORM

I understand that every effort will be made to contact me. In the event medical care MUST be given for my child before I can be reached, or if I cannot be reached, I hereby give Unique Alternatives Inc Life Skills One on One Program permission to act on my behalf in seeking emergency medical treatment for my child.

I also give permission to those persons administering emergency medical treatment to do so using those measures deemed necessary, and to discuss the medical treatments and options with said representative from Unique Alternatives Inc.

I absolve Unique Alternatives Inc, from liability in acting on my behalf in this regard, in so long as Unique Alternatives Inc is not grossly negligent.

(Parent or Legal Guardian Signature and Date) or Participant if over 18

(Printed Name of Parent or Legal Guardian)

(Youth's Name and Birth date – Please Print)

(Street Address)

(City) (State) (Zip)

Emergency Phone (Mother): (____) _____ - _____

Emergency Phone (Father): (____) _____ - _____

Alternate Person & Contact Phone number in the event neither of you can be reached in an emergency: _____ Relationship to the youth? _____

Doctor _____ Phone Number (____) _____ - _____

Health Insurance Company _____ Policy # _____

Health Insurance Policy is in the name of _____

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***CONTRACTUAL AGREEMENT FOR CONTINUING RESIDENTIAL SUPPORT (CARS)**

For youth involved with Foster care only

Does the youth have a CARS Agreement in place? Yes or No .

If yes, what is the name of the name of Agency with whom the CARS Agreement was signed?

Please attach the following documents if applicable:

1. Copy of Cars Agreement
2. Cars Agreement Six Month review
3. Emancipation from Foster Care Custody
4. Transitional Living Plan

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MEDIA RELEASE

I understand that my child's image may be captured on video and/or photographed during events, whether by the Unique Alternatives Inc. Life Skills One on One Program or by media organizations that may cover the event.

I give permission for my child to participate and be videotaped and photographed. I also understand that no compensation is provided for any appearance or statements recorded by Unique Alternatives Inc. Life Skills One on One Program or any media in attendance at the event.

Parent/Guardian Signature

Date

Participant if 18 and over

Date

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Program Fees

Independent Living Life Skills One on One Intake Assessment
\$25.00

Life Skills One on One 90 Day Program
(meet once a week for 12 sessions)
\$600.00

Life Skills One on One 90 Day Program
(meets twice a month for 6 sessions)
\$300.00

Unique Alternatives Inc.

Sessions can be paid online at www.uniquealternativesinc.org , by money orders and checks payable to Unique Alternatives Inc.

Thanks for selecting Unique Alternatives Inc. to provide Life Skills One on One Program.
We look forward to meeting you.

Unique Alternatives Inc.

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