

# UNIQUE ALTERNATIVES INC

## LIFE SKILLS ONE ON ONE PROGRAM



### APPLICATION

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

D.O.B: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Parent/Guardian E-Mail address (optional): \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_

#### **What track is the applicant currently pursuing? (you can choose more than one track)**

- 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, budgeting, housing,)

Is the applicant a Military Depended?  Yes  No

\*If in foster care, does applicant have a Transition Living Plan in place?  Yes  No.  
If yes, be sure to complete page 8.

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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		Has applicant ever had any changes in behavior and/or mood (anxious, sad, withdrawn, angry, overly happy, etc)?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 Other Medical History:** Provide Applicants other medical concerns below, If Yes, provide age and details.

Yes	No	Illness	Age	Details
		Allergies (list):		Provide Symptoms:
		Any hospitalizations in the past 12 month?		Explain and provide date occurred:

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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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## LIFE SKILLS ONE ON ONE PROGRAM



### 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 and 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**

# UNIQUE ALTERNATIVES INC

## LIFE SKILLS ONE ON ONE PROGRAM



### 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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### 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.

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**Parent/Guardian Signature**

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**Date**

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**Participant if 18 and over**

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**Date**

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## LIFE SKILLS ONE ON ONE PROGRAM



**For youth involved with Foster care only**

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

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?

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**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 \_\_