



**Office Use Only**

Date Received: / /

Received by: \_\_\_\_\_

## Application For Admission

### About the Program

Arc of the Bay Culinary Institute is a vocational focused Culinary Arts program, designed to train individuals with disabilities to become “restaurant ready” to obtain a job in the food service industry. This program includes both classroom and hands on instruction in our fully equipped commercial kitchen. Instruction is led by Chef Jacob Fravel, a professional in the industry and alumnus of Gulf Coast State College. Additionally, we receive consultation from a Culinary Advisory Board which includes Chefs from the GCSC Culinary Program to ensure you are receiving a high-quality culinary education.

### Personal Information

<b>Legal Name:</b> Last/Family		First	MI
<b>Permanent Address:</b> (Please include, Street/Number, City, State, Zip) <b>Correspondences will be sent to this address.</b>			
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>
<b>Resides:</b> Alone Family Group Home			
<b>Legal Status:</b> Competent Adjudicated Incapacitated Other *Guardianship: <i>*Copy of Guardianship required for our records</i>			
<b>Date of Birth:</b> (mm/dd/yyyy) / /	<b>Gender:</b> Male Female Other		



<b>#1 Emergency Contact Name:</b>		<b>Relationship to Student:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Address:</b> (Include Street/Number, City, State, Zip)		
<b>#2 Emergency Contact Name:</b>		<b>Relationship to Student:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Address:</b> (Include Street/Number, City, State, Zip)		
<b>Program Session You Are Applying:</b> ENTRY-LEVEL CULINARY ARTS <b>Start Date:</b> _____ <b>Are you currently receiving services from Arc of the Bay?</b> _____ (if YES mark all that apply): _____ADT    _____ Vocational Rehabilitation		

### Occupational/Professional Experience

Position/Activity	Location (include city/state)	From mm/yy	To mm/yy
		/	/
		/	/
		/	/

### Education (Please check circle that applies):

- High School Diploma
- Anticipated Date of Graduation from High School (mm/yy \_\_\_\_\_)
- General Education Diploma (GED)
- Anticipated Date of completion of GED (mm/yy \_\_\_\_\_)
- None of the above (Did not complete H.S. or GED)

### High School Attended or site of GED:

Name of School:	
Graduated (mm/yy):	City/County/State:



**Other Institutions:**

Name of School:		
Graduated (mm/yy):	Course of Study:	City/County/State:
Name of School:		
Graduated (mm/yy):	Course of Study:	City/County/State:

**Other Degree/Certification Possessed:** \_\_\_\_\_

**Support Coordinator:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**Vocational Rehabilitation Counselor:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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**Medical Information**

**Medical Assessment**

Diagnosis: \_\_\_\_\_

a. History of illness and physical limitation/restrictions (Clarify as applicable):

- Serious Illness: \_\_\_\_\_
- Surgery
- Diabetes
- Heart Disease
- Substance Abuse/Alcohol Dependency
- Dizziness
- Seizures:  Petit Mal  Grand Mal • Frequency: \_\_\_\_\_
- Psychiatric Diagnosis/Comments: \_\_\_\_\_
- Food Allergies: \_\_\_\_\_
- Asthma/Respiratory Illness: \_\_\_\_\_
- Poor Vision/Blindness
- Hearing loss/Deafness:



Any Know Allergies:

Food:

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Medications:

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b. Current Medications: (Please list all write on the back of this page if necessary)

Medication Name	Dosage	Time(s) Taken	Date Prescribed	Prescribing Physician	Reason

c. Is Participant able to self-administer medications?  Yes  No

**Hospital Preference:**

o Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

o First Available

**Behavior**

**Behavioral Assessment (Please include comments in the space provided)**

a. Self-injurious behavior

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b. Verbally disruptive behavior:

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c. Unusual fear(s):

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d. Resistant behaviors:

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e. Criminal History (provide details and attach background, if applicable):

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**Have you ever been incarcerated, convicted of a felony, or experienced disciplinary problems at another educational institution/service provider?**

**YES NO**

**If yes, please prepare a written statement for the Executive Director, ARC of the Bay, Ron Sharpe or designee explaining the circumstances. This will be reviewed prior to admission. The information will be handled confidentially.**

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## Living Skills

### Independent Living Skills Assessment

#### Communication:

- Y  N Verbally communicates, articulates clearly, easily understood
- Y  N Uses gestures to communicate
- Y  N Uses sign language to communicate
- Y  N Uses pictures to communicate
- Y  N Responds when spoken to
- Y  N Indicates, needs, wants, desires
- Y  N Responds to question appropriately
- Y  N Speaks in full sentences
- Y  N Speaks in short phrases
- Y  N Can answer many common questions
- Y  N Stays on topic of conversation
- Y  N Maintains appropriate voice volume



- Y  N Stands at appropriate distance when speaking
- Y  N Takes turns speaking (does not interrupt)
- Y  N Reads independently (specify approximate grade level) \_\_\_\_\_
- Y  N Writes legibly in sentences (comments: \_\_\_\_\_)
- Y  N Uses a mobile phone for personal use
- Y  N Uses email?

**Transportation:**

- Y  N Participant can drive a vehicle
- Y  N Participant can use the public transit
- Y  N Family will provide transportation
- Y  N Participant will require assistance with transportation, including Funding.

**Mobility:**

- Y  N Ambulates independently with steady, stable, solid gait
- Y  N Ambulates with awkward gait
- Y  N Ambulates with use of assistive device (walker, cane, brace, wheelchair)
- Y  N Maneuvers around program facility without disturbing property/people
- Y  N Bends without difficulty
- Y  N Lifts up to 35 pounds
- Y  N Pushes and pulls items without difficulty
- Y  N Has dexterity to manipulate small objects (snap, twist, grasp, with use of fingers)

Assistive devices or adaptive technology currently used by participant:

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Environmental Factors to Consider:

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Physical Limitations:

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**Services of Interest (check all that apply)**

- Supported Employment/Employment Services/On-the-Job Coaching
- Job Development/Job Placement
- Career Advancement
- Social Skills and Financial Literacy Classes
- Computer lab
- Occupational Skills Training Class
- Specify Training/Interest: \_\_\_\_\_



**Desired Outcome from Services:**

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**Additional relevant information necessary to consider prior to Individual Centered Planning/Enrollment into Educational or Training Program:**

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**Consent for Release of Information**

Consent for Release of Information Federal regulation allows Arc of the Bay dba St. Andrew Bay Center to use or disclose protected health information from your record to provide treatment to you, to obtain payment for the services we provider and for other professional activities known as “health care operations”. With this consent form we are asking you to make this permission explicit. By signing this consent, you are giving us permission to use or disclose your PHI for these activities. These uses and disclosures are described more fully in our Notice of Privacy Practices. You have the right to review that notice before signing this consent. We reserve the right to revise our Notice of Privacy Practices at any time. If we do so, the revised notice will be posted in our facility. You may ask for a printed copy of our notice at any time. You may ask us to restrict the use an disclosure of certain information in your record that otherwise would be allowed for treatment, payment, or health care operations. However, we do not have to agree to these restrictions. If we agree to a restriction, that agreement is binding. You may revoke this consent at any time by giving written notification. Such revocation will not affect any action taken in reliance to the consent prior to the revocation. This consent is voluntary, you may refuse to sign it. However, we are permitted to refuse to provide services if this consent is not granted, or if they consent is later revoked.

Person or Organization Granted this Consent:

- yes  no Social Security Administration
- yes  no Medicaid
- yes  no Family: please list each person
- yes  no \_\_\_\_\_
- yes  no \_\_\_\_\_
- yes  no \_\_\_\_\_
- yes  no Vocational Rehabilitation
- yes  no Life Management Center
- yes  no Other: please list each person
- yes  no \_\_\_\_\_
- yes  no \_\_\_\_\_

My signature on this application form provides my consent to the use or disclosure of my PHI as specified above. My signature on this application form means I have been given a copy of Arc of the Bay dba St. Andrew Bay Center’s privacy policies.



**Cost and Payment Options**

The Culinary Arts program at the Arc of the Bay’s Culinary Institute is available for \$5500.00. This price includes tuition and fees, as well as materials and uniforms. Flexible payment plans will be available to students that qualify.

The information contained within this application is true and correct to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant or Legal Guardian Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of the Arc of the Bay Representative Date







**CONSENT FOR CLIENT ELECTRONIC COMMUNICATIONS**

With this form, you authorize St Andrew Bay Center, to communicate your administrative information to you via email or via text message.

SABC uses reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks identified below, SABC cannot guarantee the security and privacy of email communication and is not liable for improper disclosure of confidential information that is not caused by SABC’s intentional misuse.

SABC will not forward electronic Client communications to independent third parties without the Client’s prior written consent, except as authorized or required by law.

**RISKS ASSOCIATED WITH ELECTRONIC COMMUNICATIONS**

Some, but not all, of the risks with email are listed here:

- Email or text senders can easily misaddress an email or mobile phone number
- Email is more accessible to falsify than handwritten or signed documents
- Backup copies of email may exist even after the sender or recipient has deleted his or her copy
- Employers and online services have a right to archive and inspect emails transmitted through their systems
- Email can be intercepted, altered, forwarded, or used without authorization or detection
- Email can be used to introduce system computer viruses; and
- Electronic communications can be used as evidence in court.

**CLIENT OBLIGATIONS WHEN CONSENTING TO ELECTRONIC COMMUNICATIONS**

- Take precautions to preserve the confidentiality of email
- Inform the SABC of any changes to your email address or mobile phone number; and
- Withdraw consent to email Client information through hardcopy written communication to the SABC

**CLIENT’S CERTIFICATION OF CONSENT FOR ST ANDREW BAY CENTER ELECTRONIC COMMUNICATIONS**

Client’s Last Name	First Name	Date of Birth
Email address		Mobile Phone:

I acknowledge that I have read and fully understand this consent form. I understand and accept the risks associated with email/text communication between the SABC and myself

.....Date.....

## St. Andrew Bay Center, Inc.

### Notice Regarding the Management and Protection for Personal Health Information

The US Government has established rules concerning the uses and protection of medical and health information. St. Andrew Bay Center has always worked very hard to protect the confidentiality of your records. This notice describes how health information we keep about you may be used and disclosed, and how you can get access to this information.

Please review this carefully:

Our duties as they related to your protected health information (PHI): Any information that we keep about you, whether written, oral, or electronic is protected by federal and state laws. We have a duty to safeguard your Protected Health Information which includes individually identifiable information about:

- Your past, present, or future health or condition
- Provision of health care services to you
- Payment for the health care considered PHI

In addition to protecting your privacy we are also required to:

- Give you this notice which describes our privacy practices
- Explain how, when, and why we may use or give our (disclose) you PHI

Except in very specific circumstances, we must use or disclose only the minimum PHI that is necessary to accomplish the reason for the use or disclosure.

We must follow the privacy practices described in this notice; however, we reserve the right to change the terms of this notice at any time and to make the new notice provisions effective for all protected health information that we receive, disclose, or maintain. Should our notice change, we will post a new notice in all of our reception areas.

#### How St. Andrew Bay Center uses you Protected Information:

At St. Andrew Bay Center, professional staff work together to provide your services. We record this information and include it in your file. The information is the record also serves as the basis for obtaining payment for services we provide to you. Everyone who works for St. Andrew Bay Center is required to protect the privacy of your records as a condition for working here. St. Andrew Bay Center takes necessary precautions against the inappropriate uses and disclosure of information. All of our staff are expected to access your information only when necessary.

Generally, staff access information about you for the following reasons:

- For services we use and disclose your PHI to provide, coordinate, or manage you services.
- To obtain payment

Both the federal government and the State of Florida have regulation about how to protect your privacy. When these laws differ, we will follow the regulations that provide you with the most privacy protection.

## How we Share your Information Outside of St. Andrew Bay Center

Uses and disclosures for which we require your authorization:

- In most cases, Florida Law requires us to obtain written permission before we can release information about you for other people or businesses to use.
- For payment to release information to state agencies, support coordinators, Medicaid staff, in order to obtain payment from them for your care.
- To provide records to a hospital, doctor, nurse, or other service provider not connected with St. Andrew Bay Center.
- When the use of disclosure goes beyond services we provide, we are required to have a written authorization. \* Authorizations can be revoked by you at any time to stop future uses or disclosures, except where we have already used or disclosed your PHI in reliance upon your authorization.

Uses and disclosures for which we do not require authorization:

- To avert a serious threat of harm St. Andrew Bay Center uses and discloses protected information to alert those able to lessen or prevent the threat of serious harm to your health and safety or to the health and safety of another person or to the public.
- St. Andrew Bay Center may disclose PHI related to the individual's death to person who may need such information to carry out their job duties.
- For Public Health Activities St. Andrew Bay Center may disclose PHI when we are required to collect information about diseases, injuries or to report vital statistics, adverse medication reactions, and certain communicable disease to a public health authority.
- For health oversight activities St. Andrew Bay Center may need to disclose PHI to the Florida Agency for healthcare Administration, the Department of Health, The Department of Children and Families, Delmarva, or the Commission on Accreditation of Rehabilitation Facilities during monitoring, and licensing, inspections and to demonstrate regulatory compliance.
- For research purposes in certain circumstances, we may disclose PHI for research purposes.
- For Fundraising Purposes St. Andrew Bay Center may disclose PHI to perform certain fundraising activities. An example might be to show your photo on a video or brochure to be used for fundraising purposes.
- For specialized government functions St. Andrew Bay Center may release PHI when a client is incarcerated or hospitalized, and the Department of Children and Families requests such records. St. Andrew Bay Center may provide PHI to authorized federal officials for national security reasons such as providing protection for the President of the United States.
- For Workers' compensation we may disclose PHI to comply with these laws.

To comply with other provisions of law, St. Andrew Bay Center must comply with the valid order of a court to release protected information. We must also disclose PHI to authorities who monitor our compliance with these privacy requirements. We must furnish records relating to a Medicaid recipient to the Medicaid Fraud Control Unit in the Department of Legal Affairs, upon request.

Uses of disclosures for which you must be given an opportunity to object:

- Sometimes we may disclose your PHI if we have told you that we are going to use or disclose your information and you did not object.

## Your Rights as They Relate to Your Protected Health Information (PHI)

You have the following rights relating to your PHI:

- To request restriction on uses or disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request; but are not legally bound to agree to the restriction to the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing, abide by it except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.
- To choose how we contact you: You have the right to ask that we send you information at the alternative address of by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

You have the right:

- To inspect and copy your PHI: Unless your access is restricted for clear and documented reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days. If we deny you access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed.
- To request amendment of your PHI: If you believe that there is a mistake or missing information in your record of your PHI, you may request in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is:
  - i) Correct and complete
  - ii) Not created by us or not part of our records; or
  - iii) Not permitted to be disclosed.

If we approve the request for an amendment, we will change the PHI and inform you, as well as tell others who need to know about the change in the PHI.

A denial will state the reasons for denial. It will also explain our rights to have your request, our denial, and any statement in response that you provide, added to your PHI.

- To find out what disclosures have been made: you have a right to get a listing of certain disclosures that we have made. The report will identify when, what, why, and to whom the information was given. The report may not include instances of disclosure that were made for treatment, payment of health care operations; disclosures that you authorized, or if information was accessed national security or intelligence purposes, law enforcement, or health oversight activities St Andrew Bay Center is not required to include in the list any disclosures made before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for more frequent requests. You have the right:
- To receive a paper or electronic copy of this notice upon request. You may request a copy of this notice from the Program Office.

How to Get More Information or Complain about our Privacy Practices:

If you have questions about this notice, or need additional information, please contact St. Andrew Bay Center privacy complaint Officer at the following address:

P.O. Box 1320  
Lynn Haven, FL 32444

If you think we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed above. We may not retaliate against you if you make a complaint.

Other Contact Information:

You may file a written complaint with

US Department of Health and Human Services  
Attn: Office for Civil Rights  
Sam Nunn Atlanta Federal Center  
Suite 3B70, 61 Forsyth Street S.W.  
Atlanta, GA 32303-8909

*This notice effective April 14, 2003*

## Consumer's Rights

### Review of My Rights:

You have the following rights as a result of the Bill of Rights (2001 Florida Statute Title XXIX, Chapter 393) passed by the State of Florida to give extra importance to rights enjoyed by persons with development disabilities. Are you aware of your rights?

- You have the right to dignity, privacy, and humane care, including the right to be free from sexual abuse.
- You have the right to religious freedom and practice.
- You have the right to received services which protect your personal liberty, provided in the least restrictive conditions.
- You have the right to participate in an appropriate program of quality education and training services, regardless of chronological age or degree of disability, including instruction in sex education, marriage, and family planning.
- You have a right to social interaction and to participate in community activities.
- You have a right to physical exercise and recreational opportunities.
- You have a right to free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse, or neglect.
- You have the right to consent to or refuse treatment.
- You have a right not to be excluded from participation in or denied to benefits of or be subject to discrimination under any program or activity which receives public funds.
- You have the right to vote in public elections.
- You have a right to unrestricted communication.
- You have a right to possess and use your own clothing and personal effects, except in those specific instances where these items are used as reinforcers essential for training in an approved behavior program.
- You have a right to receive prompt and appropriate medical treatment and care for physical and mental ailments and for the prevention of illness or disability.

In addition to the above right, as a consumer of St. Andrew Bay Center, you are entitled to the following:

- You have the right to set goals and make decisions about services you receive.
- You have the right to expect that all information about you will be confidential as defined by HIPAA.
- You have the right to be informed of all rules and regulation that affect our conduct as a program participant.
- You have a right to have all essential information about services you will receive including the length of service, persons responsible for providing service, necessary information prior to giving consent to any service and what steps need to be taken after services are rendered.

The Americans with Disabilities Act of 1990 provides additional protection:

- Prohibits employers from discriminating against qualified workers with disabilities.
- Prohibits state and local governments from discrimination in employment, architectural structures, public transportation, and service delivery.
- Requires access to telecommunication systems for people with disabilities.
- Provides miscellaneous information about other rights.