THE ARC OF THE BAY'S culinary institute

Application For Admission

Office Use Only
Date Received: / /

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" in order 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 lead 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 as well as local business and industry professionals who have a vested interest in supporting those with disabilities, to ensure you are receiving a high quality culinary education.

Personal Information

Legal Name: Last/Family First MI			
Permanent Address: (Please include, Street/Number, City, State, Zip) **Correspondences will be sent to this address.**			
Home Phone:	**Work Phone:**	**Cell Phone:**	**Email:**
Resides: Alone Family Group Home **Legal Status:** Competent Adjudicated Incapacitated Other Guardianship:			
Date of Birth: (mm/dd/yyyy) / /	**Gender:** Male Female Other	**Citizenship:** United States Other:_____	**Immigration Status:** ❑ Permanent Resident Alien **(copy required)** ❑ Refugee **(copy required)** ❑ Visa Type **(copy required)**_____
Voluntary response is requested for federal regulation. This information WILL NOT be used in a discriminatory manner. (please check one only) ❑ American Indian or Native Alaskan ❑ Asian or Pacific Islander ❑ Black (non-Hispanic) ❑ Hispanic ❑ White (non-Hispanic)			

Program Session You Are Applying: ENTRY-LEVEL CULINARY ARTS Start Date:_____ **Are you currently receiving services from Arc of the Bay? _____(if YES mark all that apply):** **ADT**

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)

Note: H.S. Diploma or GED required for Culinary Arts

High School Attended or site of GED:

Name of School:		
Graduated (mm/yy):	Course of Study:	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: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Vocational Rehabilitation Counselor:
Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Medical Information

Insurance & Monthly Income
Medicaid Number: _____
Medicare Number: _____
Private Insurance: _____
Individual Monthly Income: _____
Household monthly Income: _____
Sources of Income: _____
Employment SSDI SSI Other (specify):

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:_____

b. Current Medications: (Please list all)

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

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

Physician: Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____	**Psychiatrist (if applicable):** Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____
Hospital Preference: ○ Name: _____ Telephone: _____ ○ First Available	

Behavior

Behavioral Assessment (Please include comments in the space provided)

a. Self-injurious behavior

_____

_____

_____

b. Verbally disruptive behavior:

_____

_____

_____

c. Unusual fear(s):

_____

_____

_____

d. Resistant behaviors:

_____

_____

_____

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

_____

_____

_____

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.

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 Family will provide transportation
□ Y □ N Participant can use public transportation
□Y □ N Participant will require assistance with transport, including financial

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:

_____

Environmental Factors to Consider:

_____

Physical Limitations:

_____

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:

_____

_____

_____

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

_____

_____

Emergency Contact Name:		**Relationship to Student:**
Home Phone:	**Cell Phone:**	**Work Phone:**
Address: (Include Street/Number, City, State, Zip)		

Cost and Payment Options

The Culinary Arts program at Arc of the Bay's Culinary Institute is available for $5500. 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