



SELF- DIRECTION TRANSITION PROGRAM APPLICATION AND INTAKE FORM

Thank you for your interest in Recipes 4 Learning's Work Transition Program. This is the preliminary application for consideration. Other information will be gathered prior to or upon enrollment confirmation.

Requirements for application:

- Enrolled in OPWDD Self-Direction - verification documents will be requested and contingent to enrollment. This program is funded through the Individual Directed Goods and Services (IDGS) Transition Program line within the participant's budget.
- Must commit to the two year enrollment period for the Transition Program.
- Be aged 18+ and have completed High School
- Must be able to engage and attend in a small group learning environment (3-1 ratio)
- Must be able to maintain engagement and attention for up to two hours with minimal assistance or redirection. Be able to follow simple one-step directions.
- Must have own transportation to/from work site
- Be able to use coping strategies to communicate frustration or anger
- Be able to use a public restroom independently
- Must not have recent history of wandering or elopement
- Participant must be able to adhere to necessary safety protocols related to Covid-19 guidance and other general safety protocols.

Name of Applicant: _____ Date: _____

Date of Birth: _____ Current Age: _____

Parent/Guardian Name(s): _____

Home Address: _____

Parent/Guardian Home #: _____ Cell #: _____

Parent/Guardian Primary e-mail: _____

Participant's contact information (if applicable): Cell #: _____

Participant's e-mail: _____

Emergency Contacts - Must be individuals with own transportation and be able to arrive within 30 min.

1. Name: _____ Relationship: _____ Phone #: _____



2. Name: _____ Relationship: _____ Phone
#: _____

Care Coordination Organization (CCO): _____

Care Manager Name and Contact Information (Name, Phone Number, E-mail)-

Self-Direction Contact Information (Name, Agency, Phone Number, E-mail)-

- Broker:

- Fiscal Intermediary:

School District Information (If Applicable)

School/Program Currently Enrolled: _____

District: _____ Date of Graduation: _____

Contact Person: _____

Address: _____

Telephone and/or e-mail: _____

Recipes 4 Learning Work Transition Program Application Completed by: _____



I have read this application and understand the terms for consideration. The information provided is current and accurate. I authorize Recipes 4 Learning to communicate with contacts for document retrieval and review as well as further discussion as needed.

Signature: _____ Date: _____

Return completed application to: Lisa Basini, Recipes 4 Learning - 320 Broadway Greenlawn, Huntington, NY 11743 or recipes4learning@gmail.com

Please feel free to call us with any questions: 631 624 - 6113