

Young Adult Compass Program Application Spring 2018

What is Young Adult Compass?

Thank you for your interest in the Young Adult Compass Program! This pilot program will create a community to support young adults with Autism Spectrum Disorder and their peers in discovering their life journeys through a training that emphasizes self-determination, active participation, and identification of interests, strengths, and barriers.

What will participation look like?

Participants of the Young Adult Compass Program will:

1. Complete an application and interview to share information about themselves
2. Come together with peers to participate in group activities during a three-day retreat
3. Be exposed to self-reflection activities and practices
4. Learn and practice how to give and receive feedback
5. Complete a visual tool to identify steps toward a future direction (strengths, interests, who can help, what supports are needed, etc.)
6. Actively participate in Young Adult Compass community follow-up activities

Who can apply?

We are hoping to recruit individuals ages 18-26 with and without Autism Spectrum Disorder who are positive, diverse, and willing to participate in all aspects of the program

What is the time commitment?

Retreat – April 11-13, 2018 (Three-day and two-night retreat)

Follow-up – April through September (Two meetings per month in Albuquerque.) *For participants residing 50 miles or more outside of Albuquerque, an online follow-up option may be available.

What is the cost?

Applying for the Young Adult Compass Program is free of charge. Selected participants will be asked to pay a \$25 deposit that will be returned to them after completing the retreat in April.

Where and when can I apply?

Applications can be emailed to Angie Stuart at MaStuart@salud.unm.edu or dropped off in-person to the main office at 2300 Menaul NE, ABQ, NM 87107 from January 23rd until February 23rd. Qualifying applicants will be called for an interview, and interviews will continue until slots are filled.

Who can I contact for help with my application?

If you need assistance with your application, you can contact Angie Stuart at 505.272.5142 or MaStuart@salud.unm.edu

Applicant's Name: _____ **DOB:** _____ **Gender:** _____
Last First Middle Initial

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Occupation, if applicable: _____

Recent HS Graduate College Student Seeking Employment In Transition

Are you currently covered by Health Insurance? Yes No

Driver's License #: _____

DEMOGRAPHIC INFORMATION

Ethnicity:

Do you consider yourself to be Hispanic/Latino(a)? Yes No

Race:

Please check which best describes your race

American Indian or Alaskan Native Black/African American Caucasian/White Asian
 Native Hawaiian/Pacific Islander Bi-racial/Multi-racial Hispanic/Latino(a)

GUARDIAN INFORMATION

Do you have a guardian? Yes No

Guardian's Name: _____ **Phone #:** _____

Emergency Contact: _____ **Phone #:** _____

Relation to Participant: _____

If other than the applicant, who is filling out this application? _____

Special Meal Requests

The Young Adult Compass Program will make their best effort to accommodate dietary restrictions, but it is up to the participant to remind hotel staff to insure their needs are met. Compass cannot be responsible for the modifications to meal requests.

Please check the special meal requirements that apply:

- Vegetarian
- Vegan
- Food Allergies: _____

Education – High School and Beyond

Years	School/City	Major Subjects	Degree

Employment History, if any

Dates	Employer	Phone/Email	Supervisor

Do you currently use a visual schedule or system to keep yourself organized? Yes No

What type of visual schedule(s) do you prefer to use? (Smartphone calendar, written calendar, photo schedule, etc.)

Experience Staying in Hotels

How many times? : _____

Who were you with? : _____

Did you share a room? : _____

Were you independent in all your self-care needs? : _____

What do you hope to gain from participation in the Young Adult Compass Program?

Do you have special skills or training in specific areas? (Computer expertise, sign language, musical instrument, etc.)

What kind of work do you like?

Have you had any recent (within past 6 months) significant life events? (This will not necessarily prevent you from being accepted. It is a way for us to know whether the program is a good fit for you at this time, and/or can guide us in how best to support you.)

Yes **No**

If yes, please describe:

Do you have any physical or mental challenges that might prevent you from participating in Compass?

Yes **No**

If yes, please describe:

Please list involvement in organizations in your community:

Is there anything else that is important for us to know about you?

Do you have access to any of the following resources? If so, which ones?

Private Insurance **Medicaid** **SSI (Supplemental Security Income)** **DD Waiver**

Would you like additional information about any of these resources? If so, which ones?

Private Insurance **Medicaid** **SSI (Supplemental Security Income)** **DD Waiver**

I authorize investigation of all statements herein, and release the Young Adult Compass Program and all others from liability in connection with the same. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by Young Adult Compass Program leaders.

Applicant or Guardian Signature: _____

Date: _____

As a participant in the Young Adult Compass Program, held on the property owned by Isleta Resort and Casino, I hereby agree to waive any claim for liability against the Young Adult Compass Program, UNM's Center for Development and Disability, or Isleta Resort and Casino due to any injury/illness associated with any program activities. The undersigned is aware of potential risks and agrees that this waiver applies while traveling to and from the Young Adult Compass Program retreat site, while staying at the hotel, and participating in any pilot program events.

Applicant or Guardian Signature: _____

Date: _____

RETURN ENTIRE APPLICATION BY FEBRUARY 23rd, 2018 TO:

Angie Stuart at: mastuart@salud.unm.edu

Or: Deliver to: Angie Stuart, Center for Development and Disability, 2300 Menaul NE,