Thrive Program Application

What is the Thrive Program?
Thank you for your interest in the Thrive Program! This pilot program will aim to maximize a person’s understanding of their life through self-determination and help them set goals for self-regulation and decision making. We will specifically address this by offering opportunities for adults to develop skills in the following areas:

1) Self-awareness, self-determination & self-advocacy
2) Life management, personal health, and safety
3) Career exploration and preparation

What will participation look like?
Participants of the Thrive Program will:
1) Complete an application to share information about themselves
2) Attend weekly evening classes for three months on the dates outlined under time commitment
3) Develop personal goals and next steps for working toward those goals

Who can apply?
We hope to recruit individuals ages 18-30 with a confirmed diagnosis of Autism Spectrum Disorder who are:
1) Their own guardian
2) Not currently enrolled in high school
3) Willing to participate in all aspects of the program

What is the time commitment?
4:30-6:30 PM on each of the below dates (except for Orientation on 2/25 which will be 4:30-5:30 PM):

<table>
<thead>
<tr>
<th>Feb/March: Orientation/Phase 1</th>
<th>April: Phase 2</th>
<th>May/June: Phase 3</th>
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<tr>
<td>2/25: Orientation</td>
<td>4/7: Life Management</td>
<td>5/12: Career Exploration</td>
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<td>3/24: Self Determination/Advocacy</td>
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Course Location February/March: Center for Development and Disability
Course Location April/May/June: UNM Main Campus (Parking access will be provided to participants)

What is the cost?
The Thrive Program is funded by the New Mexico Department of Health. There is no cost for participants.

Where and when can I apply?
Applications can be emailed now to Somer Wright SDWright@salud.unm.edu, or dropped off in-person to the main office at CDD 2300 Menaul NE, ABQ, NM 87107 by February 11th, 2020.
Applicant’s Name: ____________________________ DOB: _______________ Gender: ______

Mailing Address: ____________________________________________________________
City: ____________________________ State: ____________________________ Zip Code: _______________

Email Address: ____________________________
Home #: ____________________________ Cell #: ____________________________ Work #: ____________________________

Occupation, if applicable: __________________________________________________

☐ Recent HS Graduate ☐ College Student ☐ Seeking Employment ☐ Other

DEMOGRAPHIC INFORMATION (Optional)

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

Emergency Contact: ____________________________ Phone #: ____________________________

Relation to Participant: _____________________________________________________

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

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Education – High School and Beyond

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<tr>
<th>Years</th>
<th>School/City</th>
<th>Major Subjects</th>
<th>Diploma/Degree</th>
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Employment History:

___________________________________________________________________________________
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What do you hope to gain from participation in the Thrive Program?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What kind of work do you like?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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

Please list involvement in organizations in your community:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

So that we can tailor these courses to the students involved, please tell us about your strengths and challenges:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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

Will you commit to attending for all of the dates and times listed on page one under “Time Commitment”?

□ YES  □ NO

***MORE INFORMATION ON BACK***
For Assistance with filling out this application, contact Somer Wright

SDWright@salud.unm.edu

RETURN ENTIRE APPLICATION Via Email BY February 11th, 2020 TO:
Somer Wright at SDWright@salud.unm.edu

Or bring in to CDD for: Somer Wright, Center for Development and Disability, 2300 Menaul NE, Albuquerque, NM 87107