



Student Application

Applications must be mailed to:

**Erskine Green Training Institute
c/o The Arc of Indiana Foundation
Attn: Admissions Screening Committee
601 S. High Street
Muncie, IN 47305**

All material submitted will become property of the Erskine Green Training Institute and will not be returned.

Contact us at (765) 381-8071, (877) 216-2479
or info@erskingreeninstitute.org.

Please note that application guidelines are subject to change
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Admissions Application

The Erskine Green Training Institute's (EGTI) programming is designed for individuals whose academic, social, communication and adaptive skills are affected due to a disability. Most applicants would have received special education services in the K-12 setting and exited their secondary school with a diploma, GED or certificate of completion.

EGTI is a certificate program (not an accredited college degree program). Students will exit their chosen training program with a certificate and potentially an industry recognized certificate depending on their program.

To ensure that EGTI is the best option for each applicant we require a completed application packet. Along with *EGTI Prerequisites: Independent Living Skills* listed within the Housing section of the website, applicants should possess a majority of the following bullets. Additional requirements for specific training sessions may also be required. Please refer to your concentration area of interest on EGTI's website to see additional requirements.

- ◆ Functional math skills
- ◆ Functional reading skills by any mode
- ◆ Functional writing skills or a mode to produce written material
- ◆ Ability to perform hygiene routine independently or has services to provide this support
- ◆ Ability to be unsupervised for an extended period of time
- ◆ Applicant does not exhibit disruptive behavioral or emotional challenges
- ◆ Applicant has had prior experiences that guided him or her to the chosen concentration area
- ◆ Applicant is 18 years or older (or will be 18 at the start of the training session)

*Specific age requirements may apply to different training sessions depending on the concentration area. Please refer to your concentration area of interest on EGTI's website to see if there are additional age requirements.

- ◆ Applicant has exited high school. Applicant can apply while in high school and remain in high school until the start of the training session.
- ◆ Applicant can provide documentation for a diagnosis of a disability
- ◆ Applicant has up to date immunizations or has documentation to justify objection

**Healthcare positions require specific immunizations. Please refer to the website for specifications.*

Application Checklist

\$25 Application Fee:

- ◆ cash
- ◆ checks (make checks payable to The Arc of Indiana Foundation, Inc.)
- ◆ money orders (make payable to The Arc of Indiana Foundation, Inc.)
- ◆ credit card (visit Pay Application Fee Online under Admissions tab)

Diagnosis documentation

Immunizations records or document to justify objection

- ◆ 2 MMR
- ◆ 1 Meningitis
- ◆ Booster dose of Td (Tetanus and Diphtheria) or Tdap (Tetanus, Diphtheria, and Pertussis) within 10 years prior to admission
- ◆ If you are applying for a healthcare position, please refer to the healthcare section on the website for additional immunization requirements.

If applicant has exited high school within the past three years:

- ◆ Individualized Education Program
- ◆ Summary of Performance

If applicant exited high school more than three years ago:

- ◆ Work evaluations, if applicable

Copy of Certificate of Completion or Diploma

Selected Training Program/s

Applicant Information

Family/Guardian Information

Legal Guardianship Documentation, if applicable

Level of Support Questionnaire

Applicant Questionnaire

Housing Exemption Form, if applicable

4 – 5 letters of recommendation

Limited Criminal History Records (Information can be found at www.in.gov/isp - Criminal History Services)

Scholarship Application, if applicable

Participant Selection Process

Not all applicants who complete the application and meet the criteria listed on page two and within *EGTI Prerequisites: Independent Living Skills* within the Housing section of the website will be accepted into EGTI. Applicants who are not accepted are encouraged to reapply. Priority will be given to Indiana residents.

An Admissions Screening Committee will review all applications and invite selected applicants to an interview and informal assessment. Although an applicant may be asked to schedule an interview and informal assessment, this does not guarantee acceptance into EGTI. Once interviews are complete, selected applicants will receive a letter in the mail notifying them of their acceptance. In their acceptance letter, they will receive information about a mandatory new student orientation for the student and his/her guardian(s) to attend as well as additional forms to be completed and returned prior to the start of the training session.

Applicants not accepted to EGTI will receive a letter of regret in the mail notifying them of the decision. **Due to the amount of applicants, the Admissions Screening Committee cannot provide individual responses explaining the decision to not accept an applicant.**

2016 Training Programs

Select a Training Program	2016 Training Programs	Weeks	Dates
	Patient Transporter (Hospital)	9	July 11 - September 9, 2016
	Server Assistant/Host (Restaurant)	9	July 11 - September 9, 2016
	Dishroom/Tray Passing/Pots and Pans: Dietetics (Hospital)	9	July 11 - September 9, 2016
	Housekeeping/Heart of the House (Hotel)	9	July 11 - September 9, 2016
	Dishroom/Tray Passing/Pots and Pans: Dietetics (Hospital)	9	September 19 - November 18, 2016
	Housekeeping/Heart of the House (Hotel)	9	September 19 - November 18, 2016
	Front Desk Agent (Hotel)	13	September 19 - December 16, 2016
	Prep Cook (Restaurant)	13	September 19 - December 16, 2016

To learn more about each of these positions and the 2017 training programs refer to the curriculum tab on the website.

Applicant Information

Last Name	First Name	MI
Home Phone	Cell Phone	Gender
Street Address		
City	State	Zip Code
Birth Date	Email Address	

Education and Training

School's Name	City, State	Years Attended	Reason for Leaving	Type of Diploma or Certificate	Completion Year

Applicant Information

Employment

List the two most recent places of employment that was either:

- ◆ Paid at minimum wage
- ◆ Paid above minimum wage

Name of Business	Average Length of Shifts	Length of Employment	Reason for Leaving
Job Responsibilities			
Support Sevices Provided			

Name of Business	Average Length of Shifts	Length of Employment	Reason for Leaving
Job Responsibilities			
Support Sevices Provided			

Applicant Information

Employment

List the two most recent places of employment that was (if applicable):

◆ Paid at sub-minimum wage

Name of Business	Average Length of Shifts	Length of Employment	Reason for Leaving
Job Responsibilities			
Support Services Provided			

Name of Business	Average Length of Shifts	Length of Employment	Reason for Leaving
Job Responsibilities			
Support Services Provided			

Applicant Information

Volunteer Experience

You may choose to provide a document with additional volunteer experiences listed if you have more than two. Please include this document immediately following this page.

Name of Business	Average Length of Shifts	Length of Employment	Reason for Leaving
Job Responsibilities			
Support Sevices Provided			

Name of Business	Average Length of Shifts	Length of Employment	Reason for Leaving
Job Responsibilities			
Support Sevices Provided			

Applicant Information

Support Services

Applicant currently receives support from (check all that apply):

- Aged and Disabled Waiver (A&D)
- Community Integration and Habilitation Waiver (CIH)
- Family Support Waiver (FSW)
- Medicare
- Social Security Disability Insurance
- Supplemental Security Income
- Traumatic Brain Injury Waiver (TBI)
- Vocational Rehabilitation Services
- Bureau of Developmental Disabilities Services (BDDS)
- Mental Health/Psychological Services
- Other:

Please list adaptive equipment or assistive technology the applicant utilizes on a daily basis (e.g. wheelchair, gait trainer, augmentative communication devices, etc.).

Please list any services currently being received.

Service	Hours per Week/Day

Room Arrangements

What room arrangements does the applicant prefer?

- A Roommate
- Single room
- Commuter

Family/Guardian Information

Which describes the applicant's living arrangements:

<input type="checkbox"/>	Parent(s)
<input type="checkbox"/>	Guardian(s)
<input type="checkbox"/>	Independently
<input type="checkbox"/>	Roommate(s)
<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Group home
<input type="checkbox"/>	Waiver home
<input type="checkbox"/>	Other: <input type="text"/>

Does the applicant have a legal guardian?

(If yes, this means you have gone to court, and a court has declared that the applicant is a protected person. If yes, documentation is required.)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please fill out the guardian(s) information below:

Last Name	First Name	MI
Home Phone	Cell Phone	
Street Address		
City	State	Zip Code
Email Address		

Family/Guardian Information

Parent/Guardian

Last Name	First Name	MI
Home Phone	Cell Phone	
Street Address		
City	State	Zip Code
Occupation/Employer	Work Phone	
Email Address		

Parent/Guardian

Last Name	First Name	MI
Home Phone	Cell Phone	
Street Address		
City	State	Zip Code
Occupation/Employer	Work Phone	
Email Address		

Family/Guardian Information

Emergency Contacts (must list two)

Name	Phone Number
Relationship to applicant	

Name	Phone Number
Relationship to applicant	

Level of Support Questionnaire

Must Be Completed by a Parent or Guardian

Name of person completing the questionnaire:

Relationship to applicant:

Rate the applicant in the areas below:

Independent Living	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Can manage time						
Can perform entire hygiene routine (e.g., shower, dress, brush teeth)						
Maintains proper hygiene (e.g., clean nails, hair, face)						
Can do laundry						
Can order from a menu						
Can stay within a budget						
Can be alone for a long period of time without supervision						
Displays self-regulation strategies						
Knowledgeable about basic over-the-counter medications						
Can manage medications						
Can prepare no cook meals						
Can prepare simple snacks						
Can manage dietary needs						
Understands allergies and takes precautions						
Can manage personal belongings						

Level of Support Questionnaire

Rate the applicant in the areas below:

Social Communication	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Asks clarifying questions						
Understands the difference in friends and strangers						
Can appropriately handle conflict with another person						
Can communicate needs						
Uses a personal email account						
Hangs out with friends						
Can communicate personal identification						
Follows written and verbal directions						
Sets up social activities with friends						
Can communicate through phone and/or text						

Community Access	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Uses pedestrian safety skills						
Uses good judgement in an emergency (i.e. fire alarm, tornado sirens, etc.)						
Navigates stores in search of needed items						
Is able to utilize public transportation independently						
Can orient themselves to and from nearby locations by walking/operating a wheelchair.						

Level of Support Questionnaire

Rate the applicant in the areas below:

Learning	Full Assistance	Moderate Assistance	Minimal Assistance	Independent	I Don't Know	Not Applicable
Can use a calculator						
Can count bills/change						
Can use a debit/credit card						
Can read and comprehend basic instructions						
Can navigate the internet						
Can use Microsoft Word						
Completes and submits assigned homework and/or tasks						
Studies information, when needed						

Please describe the applicant's math abilities:

Please describe the applicant's reading abilities (include any assistive technology that is used on a daily/regular basis):

Please describe the applicant's writing/composition abilities (include any assistive technology that is used on a daily/regular basis):

Please describe the applicant's communication abilities (include any assistive technology that is used on a daily/regular basis):

Applicant Questionnaire

This questionnaire is to be independently filled out by the applicant. We encourage parents, guardians or support personnel to allow the applicant to show his/her true capabilities in this section.

1. Why do you want to attend the Erskine Green Training Institute?

2. Beside learning more about the concentration area you've selected, what skills do you want to acquire?

3. What is one goal you want to reach after you complete the program?

4. Have you ever spent time away from home? If so, what has been the longest time you've been away?

Applicant Questionnaire

5. What activities are you looking forward to while living at the hotel?

6. If you hang out with friends, what do you like to do together?

7. List any community activities you are involved in or enjoy on a regular basis.

8. How do you learn best (i.e. small group, 1:1, large group, quiet environment, etc.)?

9. In high school, what accommodations and/or modifications did you need?

10. If you have been out of high school for more than three months, how do you spend your time?

Housing Exemption Request Form

I am requesting a housing exemption for the following reason:

I will be living with my parent(s) or guardian(s) full-time in their primary residence that is within a 60 mile radius of the Erskine Green Training Institute and am including:

- Copy of a current utility bill
- Copy of a valid driver's license

I live on my own in my primary residence that is within a 60 mile radius of the Erskine Green Training Institute and am including:

- Copy of a current utility bill
- Copy of a valid driver's license

I have primary custody of a child and am including:

- Copy of a custody order
- Copy of state issued birth certificate identifying the parent by name

I am in a marriage recognized by the State of Indiana and am including:

- Copy of a marriage certificate

Please include required documentation as outlined above with your application.

I have read the Housing Exemption Policies and verify that the information I've provided is accurate and copies of the required documentation are included within my application packet.

Student Signature	Date
Guardian Signature (if applicable)	Date

Letters of Recommendation

Each applicant must obtain and submit four to five letters of recommendation.

Each recommendation should be from a different person and may not be relatives of the applicant.

Letters of recommendation should come from the following areas:

- ◆ Education
- ◆ Employment
- ◆ Community Engagement
- ◆ Personal (no more than one from this area)

Please direct those writing a letter of recommendation to the Online Letter of Recommendation Form found under the Admissions/Application section of the website. Once filled out, the letter of recommendation will be sent directly to EGTI staff. A confirmation email will be sent to the individual completing the form with an assigned number. Please request these numbers from the individuals, and write the numbers in the spaces below.

Letter of Recommendation #

Letter of Recommendation #

Letter of Recommendation #

Letter of Recommendation #

Letter of Recommendation #

Application Fee Payment Form

- Check
- Money Order
- Paid Online

*Please make check or money order out to The Arc of Indiana Foundation, Inc.

To pay online, go to www.erskingreeninstitute.org/admissions/pay-online/. Once the application fee is submitted, please print your confirmation email and mail with your completed application packet.