



### APPLICANT INFORMATION

Applicant's Full Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is the applicant a U.S. Citizen?  Yes  No

If no, is the applicant a Permanent Resident of the U.S?  Yes  No

### FAMILY/GUARDIAN INFORMATION

Is the applicant his/her own guardian?  Yes  No

If no, are you the legal guardian of your applicant?  Yes  No

If no, have you or do you plan to apply to be his/her legal guardian?  Yes  No

**Mother/Guardian**  Primary Contact  Secondary Contact **Method of Communication**  Phone  Email

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father/Guardian**  Primary Contact  Secondary Contact **Method of Communication**  Phone  Email

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Provide information on all medical conditions or diagnosis, other than common childhood illnesses.

Medical Condition	Date of Diagnosis	Description of the Medical Condition	Does this impact the daily living of the applicant? (Y or N)

List all CURRENT prescription medications. *(use additional paper if needed to complete list)*

Medication	Dose	Purpose	Side Effects

List all previous prescription medications. *(use additional paper if needed to complete list)*

Medication	Purpose	Why Discontinued

Why would you like your son or daughter to participate in the P.A.C.E. Ahead program?

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As a family, what are your short term goals for your son/daughter to achieve while participating in P.A.C.E. Ahead?

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What are your long term goals for your son/daughter?

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How does this goal differ from what you wanted them to achieve during the P.A.C.E. certificate program?

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## INDEPENDENT LIVING SKILLS

<b>Strengths</b>
1.
2.
3.

<b>Challenges</b>
1.
2.
3.

## EMPLOYMENT

<b>Strengths</b>
1.
2.
3.

<b>Challenges</b>
1.
2.
3.

## SOCIAL DEVELOPMENT

<b>Strengths</b>
1.
2.
3.

<b>Challenges</b>
1.
2.
3.

**Describe a time when your son/daughter had to problem-solve independently.**

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**Describe the applicant's attitude towards transitioning to the P.A.C.E Ahead program.**

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**Describe how your family is preparing the applicant for transitioning to P.A.C.E. Ahead.**

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**Describe effective strategies for the applicant when coping with periods of transition or change in routine.**

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**Are you applying for P.A.C.E. Ahead with a meal plan?**

Yes  No

**Please send completed materials to [PaceProgram@nl.edu](mailto:PaceProgram@nl.edu)**