



### 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. Beyond program?

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Where is your son or daughter planning on living if accepted to the P.A.C.E. Beyond program?  
Who will he/she be living with?

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## INDEPENDENT LIVING SKILLS

Please complete this section if you are interested in having your son/daughter participate in P.A.C.E. Beyond Independent Living Skills Services, if you will not be selecting this service, please leave the section blank.

What option will you be selecting for Independent Living Life Skills?

- Option 1:** \$1,000 per quarter – 3 hours of direct weekly instruction
- Option 2:** \$750 per quarter – 2 hours of direct weekly instruction
- Option 3:** \$500 per quarter – 1 hour of direct weekly instruction

Strengths
1.
2.
3.

Challenges
1.
2.
3.

How can P.A.C.E. Beyond help support your son/daughter with Independent Living Skills?

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## EMPLOYMENT

Please complete this section if you are interested in having your son/daughter participate in P.A.C.E. Beyond Employment Services, if you will not be selecting this service, please leave the section blank.

What option will you be selecting for Employment?

- Option 1:** \$1,000 per quarter – 3 hours of weekly job coaching, job search, and/or employment workshop
- Option 2:** \$750 per quarter – 2 hours weekly job coaching or job search
- Option 3:** \$500 per quarter – 1 hour weekly job coaching or job search

Strengths
1.
2.
3.

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

How can P.A.C.E. Beyond help support your son/daughter with Employment?

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**SOCIAL DEVELOPMENT**

*Please complete this section if you are interested in having your son/daughter participate in P.A.C.E. Beyond Social Development Services, if you will not be selecting this service, please leave the section blank.*

– \$625 per quarter for Saturday activities

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

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

How can P.A.C.E. Beyond help support your son/daughter with Social Development

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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 Beyond program.

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

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

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