

Applicant Information:	
Name: DOB:	Today's Date:
Address Street: City, State, Zip:	
Home Phone:	Cell Phone:
Email:	
DDS Service Coordinator/School Provider: Residential Provider:	

Parent/Guardian Information:	
Father:	Home Phone:
	Cell Phone:
Father's Place of Employment:	Work Phone:
	Email Address
Mother:	Home Phone:
	Cell Phone:
Mother's Place of Employment:	Work Phone:
	Email Address
Guardian:	Home Phone:
	Cell Phone:
Guardian Place of Employment:	Work Phone:
	Email Address

Type of Guardianship:	
Own Guardian:	YES NO
****If no, please attach court documents	

Education History	
School Attended	Years of Attendance
1.	
2.	
3.	

Employment/Volunteer History	
Employer:	Job Duties:
Dates of Employment:	
Employer:	Job Duties:
Dates of Employment:	
Employer:	Job Duties:
Dates of Employment:	
Employer:	Job Duties:
Dates of Employment:	

Questions – please circle 'yes' or 'no'		
I am able to attend this program Mon – Fri, 9am – 3pm?	YES	NO
I am able to be safe on the university campus using natural supports?	YES	NO
I take medications during the hours of the program?	YES	NO
I am self-medicating?	YES	NO
I am able to self-monitor any health/medical conditions?	YES	NO

I currently use public transportation without supports?	YES	NO
I am able to get myself to/from campus without relying on DDS Transportation?	YES	NO
I have my driver's license?	YES	NO
I have a current support plan and/or emergency support plan?	YES	NO
I have special dietary needs that need to be followed?	YES	NO
I am able to monitor my own dietary needs without intervention?	YES	NO
I am able to independently address my personal care needs?	YES	NO
I would like to get a community job?	YES	NO

Support Needs/Aids
Please identify any support needs/aids that you may need (ASL Interpreter, Wheelchair, etc)

Relationship with Northeast Arc
Please list any Northeast Arc programs you have or currently participating in:

The information listed on this application is accurate and complete. I understand that further personal information will be required by the Northeast Arc if accepted into the program. This information may include: Current ISP, Health Care Fact Sheet, Support Plans, Doctor's Orders, etc.

Applicant's signature

Date

Parent/Guardian signature

Date

Send application to: Heritage Industries, 16 Electronics Ave Danvers MA 01923
LLeo@ne-arc.org or fax: 978-777-3070