

**Community Support Services - 5100 Tice Street - Fort Myers, Florida 33905 - 239.995.2106**

**PATHWAYS TO OPPORTUNITY Admission Application**

*Applicant: the following information MUST be attached for consideration:*

Application Date: \_\_\_\_\_

ISP/IP/IEP

Goodwill Health Form

BSP (if applicable)

Proof of Guardianship (if applicable)

**Section 1 - Personal Information:**

Legal Name: \_\_\_\_\_

Nick Name or \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Code \_\_\_\_\_ Number \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Date of Birth	Gender	Race	Ethnicity

Does individual have a *legal* guardian?  Yes  No Type of guardianship \_\_\_\_\_

Name of Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Guardian Email: \_\_\_\_\_ Number: \_\_\_\_\_

**Emergency Contacts:**

Relationship	Name	Complete Address	Phone Number
Legal Guardian			

**Schedule:**

Please check the boxes for the days of interest

Monday

Tuesday

Wednesday

Thursday

Friday

**Living Situation:**

Family

Group Home

Independently

Other: \_\_\_\_\_

**Supervision Level:**

Please list how much alone time you (applicant) have: **Minutes:** \_\_\_\_\_ **Hours:** \_\_\_\_\_ **Days:** \_\_\_\_\_

Please circle the range of supervision you (applicant) require:

**Hearing**

**Visual**

**Arms Reach**

**Visual Checks-15 minutes**

Please circle the appropriate ratio you (applicant) should be in for classes: **1:1** **1:3** **1:5** **1:10**

**PATHWAYS TO OPPORTUNITY Admission Application**

Do you (the applicant) have a job?  Yes  No If **Yes**, what is the current Job and/or Work Location:

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Are you (the applicant) currently attending an Educational Program?  Yes  No

**Section 2 - Program Information:**

How will tuition be paid?

Private pay  Medicaid Waiver (iBudget)  Other: \_\_\_\_\_

Is applicant registered with Florida’s Agency for People with Disabilities (APD)?  Yes  No

Is the applicant “waitlisted” for Florida’s Medicaid Waiver (iBudget)?  Yes  No

Does applicant have Florida’s Medicaid Waiver (iBudget)?  Yes  No If **yes**, complete information below.

Name of Support Coordinator	Phone Number	Email

**Section 3 - Individual Questionnaire - Please take the time to complete the following list of questions.**

How best do you (the applicant) communicate with those around you? (check all that apply)

- Verbally
- ASL
- Device
- Gesture
- Non-Verbal
- Picture Board
- Lip Reading
- Written Communication
- Other: \_\_\_\_\_

**Personality Questions - Do/Can you (the applicant).....**

	YES	NO	Sometimes
1. ...independently carry on a conversation with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ...follow simple requests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ...able to understand simple sentences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ...independently plan leisure time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ...engage in hobbies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ...develop friendships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ...take direction well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ...work well as part of a team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Behavior Questions - Do/Can you (the applicant)....**

	YES	NO	Sometimes
9. ...engage in aggressive, violent or self-abusive behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes or Sometimes – Explain: \_\_\_\_\_

10. ...have a Behavior Support Plan (BSP) (If Yes, then attach to application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Attached

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- |                                                              |                          |                          |                          |
|--------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 11. ...stay with the group during activities?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. ...interact appropriately with peers?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. ...are you appropriate with respect to sexual behaviors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If No or sometimes – Explain:** \_\_\_\_\_

**Assistance Questions - Do/Can you (the applicant)....**

- |                                | <b>YES</b>               | <b>NO</b>                | <b>Sometimes</b>         |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| 14. ...need assistance eating? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If Yes or Sometimes – Explain:** \_\_\_\_\_

- |                                                                                  |                          |                          |                          |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 15. ...successfully leave a group, go to the restroom and return independently?? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. ...take care of personal toileting needs independently? (no staff required)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If No or sometimes – Explain:** \_\_\_\_\_

- |                                                             |                          |                          |                          |
|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 17. ...independently take care of personal hygiene needs?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. ...take medication independently?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. ...ask questions when needed?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. ...know what to do in case of an emergency?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. ...change own clothes?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. ...set limits with strangers?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. ...demonstrate safe pedestrian skills in the community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. Do you use any adaptive equipment that you will bring to Goodwill?

- |                                      |                                              |                                       |
|--------------------------------------|----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cane        | <input type="checkbox"/> Manual Wheelchair   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Walker      | <input type="checkbox"/> Electric Wheelchair |                                       |
| <input type="checkbox"/> Safety Vest | <input type="checkbox"/> None                |                                       |

- |                                         |                          |                          |                          |
|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| 25. ...stand for long periods of time?? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. ...walk for long periods of time?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. ...lift more than 5lbs?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**(circle if more): 10lbs      20lbs      35lbs      50lbs**

- |                                                                                            |                          |                          |                          |
|--------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 28. ...have computer skills; using a mouse, typing on a keyboard, using the internet?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. ...bend to the ground, reach above your head, and walk up flights of stairs with ease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If No – Explain:** \_\_\_\_\_

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**Learning Style**

I learn best by (check all that apply)

- Being shown (modeling, prompts or demonstration)
- Tell me how to do it (verbal prompts)
- Nudge me (physical prompts)
- Explain it to me (verbal prompts with discussion)
- Do task with me a few times (repetition)
- Show me pictures of how to do it

**Transportation**

How will applicant arrive and depart program daily? \_\_\_\_\_

Who should be contacted if applicant is not picked up at 3:45 p.m.?

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**OR** Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Does applicant need assistance in and out of van?

Yes  No

If yes explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does applicant need assistance securing seatbelt?  Yes  No

During program hours classes may take trips into the community using Goodwill vehicles or partnering agencies vehicles. Is there any additional information that needs to be known regarding the applicant during transportation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Section 5 - Interest Assessment**

What activities have you (the applicant) enjoyed in the past? \_\_\_\_\_

What new activities would you (the applicant) like to try? \_\_\_\_\_

What would you (the applicant) like to get out of coming to Pathways to Opportunity? \_\_\_\_\_

\_\_\_\_\_

If you (the applicant) could be anything in the world, what would it be? \_\_\_\_\_

**Please check below, all that you (the applicant) have an interested in:**

- Creative Expression
- Education
- Recreation
- Service Learning
- Employment Exploration
- Other: \_\_\_\_\_

Description	Interest	No Interest	Comments
<b>Arts:</b> Drawing, painting, photography, pottery, candles, ceramics, knitting, scrapbooking, crafting			
<b>School Classes:</b> Book club, money, world religion, journaling, hand writing, foreign languages, transportation training			
<b>Music:</b> Dancing, music appreciation, instruments, singing			
<b>Ball Sports:</b> Softball, basketball, flag football, golf, kickball, soccer, tennis, volleyball			
<b>Other Sports:</b> Cheerleading, gymnastics, biking, wall climbing, roller skating, track/field, martial arts, water sports, swimming			
<b>Low Impact:</b> Walking, exercise equipment, yoga, aerobics			
<b>Educational:</b> Stress Management, Anger Management, community, nutrition, computers, first impressions, relationships, life experiences			
<b>Social:</b> Current events, relationship building, volunteering, performance art, party planning			
<b>Technology:</b> Basic computer, internet safety, graphic arts			
<b>Outdoor Activities:</b> Boating, fishing, camping, gardening, nature studies, yard games			
<b>Internships:</b> Sports & Fitness, event planning, Library, Marketing			



Good for Families,  
Good for Communities!

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Please write down additional notes that you would like to share with us below. Please list things we should know about you, the participant. (example: refuses to wear a coat, cannot access the internet, subject to dehydrating, cannot tie shoes, enjoys being alone when upset, triggers, etc.).

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Application Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form and supplemental documents to:**

Pauline Browning, Program Site Supervisor  
 Goodwill Industries of Southwest Florida, Inc.  
 5100 Tice Street, Fort Myers, FL 33905  
[paulinebrowning@goodwillswfl.org](mailto:paulinebrowning@goodwillswfl.org)  
 Phone: 239.995.2106 ext. 2229  
 Fax: 239.652.1655

**Official Use:**

**CSS Enrollment Staff to Complete:**

Date Received	Funding Source?	Medicaid Waiver?	Program Enrolled	Assigned Supervisor	Enrollment Date
Health Form	Prior Authorization?	Therap?	APD Tracking	Attendance Sheet	BSP (if applicable)
Virtual or On-Site?					

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