



Partners for Youth with Disabilities

YOUTH APPLICATION FORM

Date of Application:

Program:

- Access to Theatre
- Mentor Match Program
- Partners Online
- Young Entrepreneurs Project
- Youth in Preparation for Independence
- Making Healthy Connections

OFFICE USE ONLY – ID NO.

1. Name of Youth	Home Phone Number
Cell Phone/Pager Number	Email Address
Street Address (including apartment #)	City/State/Zip Code

2. List all PYD programs youth has participated in:	Date(s) of Enrollment (Month/Year)
How many (if any) mentors has youth been matched with?	How long did each match last?

3. Race/Ethnicity of Youth (check ALL that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other:	Date of Birth	Age
	Gender of Youth <input type="checkbox"/> Male <input type="checkbox"/> Female	
Household Income Range <input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000-\$25,000 <input type="checkbox"/> \$25,000-\$50,000 <input type="checkbox"/> \$50,000-\$75,000 <input type="checkbox"/> Above \$75,000	# of Adults in Household	# of Youth 18 and under in Household
Highest grade youth COMPLETED	Primary language spoken at home	

4. What is the nature of youth's disability?
(check ALL that apply)

No Disability
 Physical Disability
 Blind/Low Vision
 Deaf/Hard of Hearing
 Blind-Deaf
 Learning Disability
 Cognitive Disability
 Emotional Disability

Other: _____

If more than one box is checked above, what is the youth's PRIMARY disability?

5. If applicable, describe the youth's functional abilities and limitations. What accommodations are needed?

6. Describe the youth's school performance.

- Grade Point Average?
- Favorite subjects?
- Special education classes? (please list)
- Does youth have an Individualized Education Plan (IEP)?

7. How many days of school did youth miss so far this year? Is youth's school attendance rate generally poor, good or excellent?

8. Why is the youth interested in this PYD program?

9. What is the family's reaction to the youth's interest in this program?

10.

Name of Parent/Legal Guardian	Relationship to Youth
Home Phone Number	Work Phone Number/Pager/Cell Phone

Cell Phone/Pager Number	Email Address
Street Address (include apartment #)	City/State/Zip Code
Name of Parent/Legal Guardian	Relationship to Youth
Home Phone Number	Work Phone Number/Pager/Cell Phone
Cell Phone/Pager Number	Email Address
Street Address (include apartment #)	City/State/Zip Code
Custody arrangement (Sole? Joint? Who is permitted to pick up youth after classes/events?)	

11. FAMILY/HOUSEHOLD MEMBERS

Name	Age	Gender	Type of Job/School	Relation to Youth

12.

Name of person who referred you to PYD	Name of agency that referred you to PYD
Address of referral agency	Phone number of referral agency

13. List agencies in which the youth is involved. (Example: Boston Center for Independent Living)

Name of Agency	Contact Person	Phone Number	Purpose of Involvement

14.	Please describe any of the youth's medical problems, allergies and restricted activities.
15.	a) Has the youth received any mental health counseling? If so, please describe.
	b) Does the youth take any medications for attention, mood or psychiatric issues (Example: Ritalin, lithium, Prozac)?
16.	How are the youth's peer relationships? Does youth socialize primarily in school, in the community, in church, etc.?
17.	What are the youth's educational and career plans?
18.	What does the youth do for fun? Hobbies? Favorite recreational activities? Interests?
19.	Does the youth have access to transportation? Please describe how youth generally travels.
20.	Did the applicant complete this form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please provide the name of the person who completed this form for the applicant.</i>