



Guided Independent Living Assessment (GILA) Fillable Program Application

Please Note: All signature lines require ink signatures, e-signatures are not permitted.

Eligibility Requirements

Yes	No	Participant Initial	Guardian Initial	Requirement
				Be at least 18 years of age.
				Must have a documented disability.
				Be able to communicate with others effectively with/without accommodations.
				Be able to communicate adequately to get the help that they need in navigating an unsafe or emergency-type situation.
				Be able to foresee the potential danger in any given situation, thereby permitting them to avoid putting themselves in harm's way.
If you selected "No" to any of the prior statements, please STOP filling out the application and contact the Program Director for further assistance.				
				Able to have long periods of unsupervised time without staff present. If unable to do so, must provide staff for assistance. This is overnight, on weekends, and holidays during the program (this could be for multiple days on holidays that CPRF is closed).
				Have a desire to receive independent living experience services in an apartment setting that focuses on improved outcomes of independent living.
				Has exhibited an interest and desire for greater independence and has the support of parent/guardian in the pursuit of independence.
				Willing to learn and use alternative modes of travel, such as public transportation.
				Be receptive to learning financial management, and live within a restricted budget.

				Must possess or be willing to learn time management skills and be able to follow a schedule with/without accommodations (e.g., picture schedule).
				Have socially adaptive and responsible behaviors when left unsupervised and have follow/adhere to rules and instructions.
				Be independent in grooming and hygiene routines OR have staff to assist.
				Must have a cell phone and know how to use it.

GILA has a refundable application fee of \$50 if approved for the program.

I understand that if accepted into the program, my son/daughter would be unsupervised a great deal of the time while they are here. The nature of the program and risk associated with independent living were explained to me. I understand the risk and take full responsibility for my son/daughter's safety while on campus of the Guided Independent Living Assessment (GILA) program.

By signing this form, the potential participant and his or her parent(s)/guardian(s) acknowledge having read and understood the basic eligibility requirements for the Guided Independent Living Assessment (GILA) program. This form must be signed and be included in the application packet. It must be also be noted that this form includes ONLY the basic eligibility requirements for admittance to the GILA program. Final acceptance to the program will be determined by the Admissions Committee.

Parent/Guardian Signature: _____ Date: ___/___/___

Participant Signature: _____ Date: ___/___/___

Section 1: Personal Information

A. Participant Information

Participant Name:

Preferred Name:

Address:

City:

State:

Zip:

Home Phone:

Alternate Phone:

Email:

Date of Birth:

Age:

Sex:

Social Security Number:

Primary Disability:
(list only one)

Secondary Disability:
(list only one)

1. Gender Identity: Female Male Other:

2. Race: African American/Black White

Native American Asian Pacific Islander

Multiracial Biracial Other:

3. Latinx/Hispanic: No, Not Hispanic, Latinx Yes, Hispanic or Latinx

4. Primary Language: English Spanish French

Chinese Japanese Russian Multiracial

Biracial Other:

5. Secondary Language: English Spanish French

Chinese Japanese Russian Multiracial

Biracial Other:

6. Do you have a documented disability? Yes No
Documentation of disability is required.

7. Do you have an income? Yes No

8. If yes, what type of income? Employment SSI/SSDI Combination

9. Do you have a payee? Yes No

B. Parent/Guardian Information

Participant resides with: Mother Father Both
 Foster Parent Group Home Other (*please specify*):

1. Parent/Guardian Information (Primary Contact)

Name:

Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email:

2. Parent/Guardian Information (Alternative Contact)

Name:

Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email:

C. Informational

1. Who is filling out the questionnaire? Participant Parent/Guardian Other

If Other, please indicate relationship to participant:

2. Have you ever been away from home before? Yes No

If yes, where did you go, and how long were you away from home? Did you enjoy that experience?

3. Have you ever been arrested? Yes No

If yes, please describe the following:

Date:

Arresting Charge:

Misdemeanor Felony

Were you convicted? Yes No

If yes, please describe your sentence:

A background check is required.

Section 2: Disability, Impairment, Challenge, or Condition, and Medical Information

1. Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? If yes, please list:

2. Please list any significant medical and/or physical conditions that may impact your participation in social and/or recreational activities within the program (for example: severe allergies or visual disability)?

3. Do you have seizures? Yes No If Yes, please attach seizure protocol.

Type: Duration:

Frequency: Date of last seizure:

Are seizures controlled with medications? Yes No

If yes, what medication?

4. Do you take medication(s)? Yes No

If yes, what level of support do you need for managing/taking medication(s)?

- I can take my medication(s) independently without assistance.
- I need someone to remind me to take my medication(s).
- I have someone give me my medication(s).

Please list any side effects or symptoms staff should monitor when you take your medication (sleepiness, nausea, etc.):

Section 3: A Little About You

Communication Skills: Verbal Communication Board Combination

Personality and Interpersonal Relationships:

Please check off what applies to you. Please provide comments and explanations.

1. Personality

- I am very talkative.
- I am quiet.
- I take some time to open up to people.
- I like being around a lot of friends.
- I like to be by myself sometimes.
- I get nervous when I am in large crowds.
- I find it easy to make friends.
- I like to go to parties.
- I would rather stay home and read a book.
- I am happy most of the time.
- I sometimes get depressed or anxious.
- I can be moody sometimes.
- I get angry a lot.
- I am always able to see the bright side of everything.
- I know how to entertain myself.
- I prefer quiet environments.
- I am not afraid to try new things.

Specifics/Comments:

2. Handling Criticism/Stress (Please indicate how you react):

- Resistive/Argumentative
- Withdraw into silence

- Accept criticism/do not change behavior
- Accept criticism/change behavior
- I like to be by myself sometimes.

Specifics/Comments:

3. What event/activities make you feel upset?

4. What is the best way for you to calm down when you are upset?

5. Do you have any fears or phobias? Do these fears or phobias interfere with daily activities in your life?

6. How well do you generally get along with others?

7. Have you had any life events, such as a medication change, move, or starting work in the last six months? Yes No

If yes, what was the event?

Independent Living

1. Have you ever been home alone?

2. Do you know how to call 911 in an emergency? Yes No

List the type of emergencies you would call 911 for:

3. Have you ever been home alone and had someone come to your door? If so, what did you do?

4. What do you do when you are not feeling well?

5. What do you need to live independently? What equipment do you need?

Section 4: Parent/Caregiver Pre-Questionnaire

The following questions are to be completed by the applicant's primary caregiver. Your answers to these questions will not impact decisions made about acceptance into the program.

Please indicate who will be answering these questions:

<input type="checkbox"/> Biological mom	<input type="checkbox"/> Biological dad	<input type="checkbox"/> Stepdad	
<input type="checkbox"/> Stepmom	<input type="checkbox"/> Foster mom	<input type="checkbox"/> Foster dad	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Other:			

1. How did you hear about the GILA program?

2. Why do you think it would be a good program for your son/daughter to take part in?

3. What do you hope your son/daughter will get from participating in the GILA program?

4. What do you think will be the most challenging part of the program for your son/daughter?

5. What do you think will be the easiest part of the program for your son/daughter?

6. What would have to happen (or what would your son/daughter have to learn) during the program for it to be a good experience?

7. Please rate how ready you think your son/daughter is to live on their own:

Somewhat ready Very ready

Not ready at all Slightly ready

Extremely ready

8. Please rate your level of comfort in letting your child live on their own:

Somewhat comfortable Very comfortable

Not comfortable at all Slightly comfortable

Extremely comfortable

9. Please rate how worried you feel about your son/daughter living on their own.

Somewhat worried Very worried

Not worried at all Slightly worried

Extremely worried

10. What worries you the most about your son/daughter living on their own?

11. Is there anything that would help you feel more comfortable in letting your child live on his/her own? If so, please describe.

12. Brief Assessment of Independent Living Skills:

Instructions: Please share your perceptions related to your son or daughter's level of ability to complete the following skills independently by indicating the extent to which you agree or disagree with each statement.

SA = Strongly Agree A=Agree D=Disagree SD=Strongly Disagree

| PERSONAL SAFETY & TRANSPORTATION

The learner can independently:

perform basic first aid to self and seeks medical assistance when appropriate.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
describe when it is appropriate to call 911.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
practice household safety routines, such as locking doors.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
access information on the internet safely.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
adjust drapes/curtains for privacy.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
travel safely in the community using an appropriate method of transportation (e.g., carpool, public bus, Uber, Lift) to get where he/she wants to go.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
identify and respond to unsafe situations when in the community.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD

| COOKING, MEAL PREPARATION, & FOOD STORAGE

prepare simple foods, such as sandwiches, cold cereal, etc. that do not require cooking.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
prepare foods that require some cooking, such as eggs and microwave meals.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
follow a recipe to prepare a meal that requires cooking (e.g., meals that require the use of stove, oven, or other appliances).	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
use a variety of cooking/ kitchen appliances safely.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
identify healthy foods.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD

SA = Strongly Agree A=Agree D=Disagree SD=Strongly Disagree

store food appropriately so that it doesn't spoil.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
discard of food when it has spoiled or should no longer be eaten.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
create a weekly meal plan and grocery list of items needed.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD

| MONEY MANAGEMENT & PLANNING

create and maintain checking and savings accounts.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
count money or access/use resources needed to count money.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
keep bank information and other personal information private.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
evaluate costs of services (e.g., banking, telephone, leasing, credit cards, loans).	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
keep money in a safe place.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
create a basic budget and manage money.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
pay bills on time.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
use a paper or electronic calendar to schedule appointments.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
use smart phone or other device to set reminders/alarms.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD

| PERSONAL SELF-CARE

follow a daily routine for personal hygiene (e.g., get dressed, brush teeth, comb/brush hair, shower).	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
choose clothing appropriate for the weather.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
choose clothing appropriate for the social occasion.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
identify when he/she should go to the primary care provider, urgent care, or emergency room.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
manage own mental health when having a difficult day.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
step away from situations if they are too stressful or causing him/her discomfort.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
access a mental health professional when needed.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD

| HOUSEKEEPING & CLOTHING CARE

pick up "clutter" and put items back where they belong.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
sweep and mop floors.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD

SA = Strongly Agree A=Agree D=Disagree SD=Strongly Disagree

clean bathroom when dirty (e.g., clean toilet, shower, sinks).	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
clean kitchen appliances when needed (e.g., refrigerator, oven, microwave).	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
clean counter tops and dust.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
use washing machine and dryer to wash own clothes.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
fold and put away or hang up own clothes when clean.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
identify when cleaning is needed.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
safely use common household cleaning chemicals.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD

| **HEALTHY RELATIONSHIPS & COMMUNICATION**

respond appropriately to typical exchanges with others (e.g., saying hello, being bumped or brushed against, making small talk, sarcastic remarks).	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
resolve conflicts through discussion, reasoning, and compromise.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
identify at least one trusting adult, other than his/her support worker, who can be contacted when support is needed.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
identify supportive people in his/her life to spend time with on special occasions.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD
share ideas and points of view respectfully.	<input type="checkbox"/> SA	<input type="checkbox"/> A	<input type="checkbox"/> D	<input type="checkbox"/> SD

An interview will be set up with the program selection committee as part of the application process. If an applicant is eligible for the GILA program, a \$50 refundable deposit is required before admission into the program.

CONSENT TO PARTICIPATE IN PROGRAM EVALUATION (PARENT)

CPRF and researchers from the ARISE Research Collaborative at Wichita State University (WSU) have developed an applied research partnership. The purpose of the partnership is to systemically understand how the Guided Independent Living Assessment (GILA) program can be developed and iteratively refined to best meet the needs of those it is intended to serve and the intended program outcomes.

Part of the evaluation involves collecting information from program participants and other stakeholders (e.g., parents, caregivers, service providers). Participation is voluntary and you can withdraw your consent to participate in the evaluation at any time. If you choose to participate, your privacy and your son or daughter's privacy will be protected. We will not use your name, or your son or daughter's name in any report or publication. Information will be shared and stored securely.

For program evaluation purposes, we ask your permission to:

- Collect and analyze de-identified (no names) data shared on the GILA program application.
- Interview your son or daughter, in person, at the beginning of the GILA program to understand his/her perceptions about living alone, independent living skills, self-determination skills, and his/her expectations related to program participation.
- Contact you by email at one week, 3-months, 6-months, and 1 year after your son or daughter exits the GILA program to seek your participation in a post-program survey. The data we collect and analyze will be shared with CPRF program staff to assist them in understanding the extent to which short- and long-term program objectives are being met.

If you would like more information about the external program evaluation studies, please contact Dr. Victoria Sherif at victoria.sherif@wichita.edu or 316-978-6895.

Yes, I agree to participate and to allow my de-identified information to be used as part of the program evaluation. I understand that my participation is voluntary.

No, I choose not to allow my information or my son or daughter's information to be used as part of the program evaluation.

Parent First and Last Name and Signature

Date

Participant Name (Son or Daughter)

Date

CONSENT TO PARTICIPATE IN PROGRAM EVALUATION (PARTICIPANT)

CPRF and researchers from the ARISE Research Collaborative at Wichita State University (WSU) have developed an applied research partnership. The purpose of the partnership is to systemically understand how the Guided Independent Living Assessment (GILA) program can be developed and iteratively refined to best meet the needs of those it is intended to serve and the intended program outcomes.

Part of the evaluation involves collecting information from program participants and other stakeholders (e.g., parents, caregivers, service providers). Participation is voluntary and you can withdraw your consent to participate in the evaluation at any time. If you choose to participate, your privacy will be protected. We will not use your name in any report or publication. Information will be shared and stored securely.

For program evaluation purposes, we ask your permission to:

- Collect and analyze de-identified (no names) data shared on the GILA program application.
- Interview you in person at the beginning of the GILA program to understand your perceptions about living alone, independent living skills, self-determination skills, and your expectations related to program participation.
- Contact you by email or phone at one week, 3-months, 6-months, and 1 year after you have completed the GILA program to seek your participation in a brief post-program interview or survey. The data we collect and analyze will be shared with CPRF program staff to assist them in understanding the extent to which short- and long-term program objectives are being met.

If you would like more information about the external program evaluation studies, please contact Dr. Victoria Sherif at victoria.sherif@wichita.edu or 316-978-6895.

Yes, I agree to participate and to allow my de-identified information to be used as part of the program evaluation. I understand that my participation is voluntary.

No, I choose not to allow my information or my son or daughters information to be used as part of the program evaluation.

Participant First and Last Name and Signature

Date