



**Guided Independent Living Assessment (GILA) Program
Application**

Participant # 2022_____

Eligibility Requirements

Participant Initial Guardian Initial

		Be at least 18 years of age.
		Must have a documented disability.
		Must be fully vaccinated against COVID-19.
		Must be able to be unsupervised (without staff present) for up to 48 hours with/without training and accommodations (smart phone/life alert) OR have staff to assist.
		Applicant has a desire to receive independent living experience services in an apartment setting that focuses on improved outcomes of independent living.
		Have exhibited an interest and desire for greater independence and parent/guardian support in the pursuit of independence.
		Be 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 willing to learn time management skills and be able to follow a schedule with/without accommodations (i.e., 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.
		Be able to communicate with others effectively with/without accommodations.
		Before entering the program, participant must have a cell phone.

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: ___ / ___ / ___

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Section 1: Personal Information

A. Participant Information

Name of Participant: _____ Nickname: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ Age: _____ Sex: _____

Social Security Number: _____

Primary Disability: _____

Secondary Disability: _____

1. Gender Identity

Female Male Other _____

2. Race

African American/Black White Native American

Asian Pacific Islander Other _____

Multiracial Biracial

3. Latinx/Hispanic

No, Not Hispanic or Latinx Yes, Hispanic or Latinx

4. Primary Language

English Chinese Sign Language

Spanish Japanese Other _____

French Russian

5. Secondary Language

English Chinese Sign Language

Spanish Japanese Other _____

French Russian

6. Do you have a documented disability?

Yes No Prefer not to say

B. Parent/Guardian Information

Participant resides with: Mother Father Both Foster Parent Group Home

Other (Please Specify): _____

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1. Parent/Guardian Information (Primary Contact)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

2. Parent/Guardian Information (Alternative Contact)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

C. Informational

1. Who is filling out this 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:

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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

Section 3: A Little About You

Communication Skills:

_____ Verbal

_____ Communication board

_____ Eye Movement

_____ 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.

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- 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

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?

Independent Living:

1. Have you ever been home alone?

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2. Do you know how to call 911 in an emergency?

3. List the type of emergencies you would call 911 for.

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

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

6. 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:

- Biological mom
- Biological dad
- Stepdad
- Stepmom
- Foster mom
- Foster dad
- Grandparent
- 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?

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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?

- Not ready at all
- Slightly ready
- Somewhat ready
- Very ready
- Extremely ready

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

- Not comfortable at all
- Slightly comfortable
- Somewhat comfortable
- Very comfortable
- Extremely comfortable

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

- Not worried at all
- Slightly worried
- Somewhat worried
- Very worried
- Extremely worried

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

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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.

PERSONAL SAFETY & TRANSPORTATION				
The learner can independently	Strongly Agree	Agree	Disagree	Strongly Disagree
perform basic first aid to self and seeks medical assistance when appropriate.				
describe when it is appropriate to call 911.				
practice household safety routines, such as locking doors.				
access information on the internet safely.				
adjust drapes/curtains for privacy.				

The learner can independently	Strongly Agree	Agree	Disagree	Strongly Disagree
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.				
identify and respond to unsafe situations when in the community.				
COOKING, MEAL PREPARATION, AND FOOD STORAGE				
prepare simple foods, such as sandwiches, cold cereal, etc. that do not require cooking.				
prepare foods that require some cooking, such as eggs and microwave meals.				
follow a recipe to prepare a meal that requires cooking (e.g., meals that require the use of stove, oven, or other appliances).				

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The learner can independently	Strongly Agree	Agree	Disagree	Strongly Disagree
use a variety of cooking/ kitchen appliances safely.				
identify healthy foods.				
store food appropriately so that it doesn't spoil.				
discard of food when it has spoiled or should no longer be eaten.				
create a weekly meal plan and grocery list of items needed.				
MONEY MANAGEMENT AND PLANNING				
create and maintain checking and savings accounts.				

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The learner can independently	Strongly Agree	Agree	Disagree	Strongly Disagree
count money or access/use resources needed to count money.				
keep bank information and other personal information private.				
evaluate costs of services (e.g., banking, telephone, leasing, credit cards, loans).				
keep money in a safe place.				
create a basic budget and manage money.				
pay bills on time.				
use a paper or electronic calendar to schedule appointments.				
use smart phone or other device to set reminders/alarms.				

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PERSONAL SELF-CARE				
The learner can independently	Strongly Agree	Agree	Disagree	Strongly Disagree
follow a daily routine for personal hygiene (e.g., get dressed, brush teeth, comb/brush hair, shower).				
choose clothing appropriate for the weather.				
choose clothing appropriate for the social occasion.				
identify when he/she should go to the primary care provider, urgent care, or emergency room.				
manage own mental health when having a difficult day.				

The learner can independently	Strongly Agree	Agree	Disagree	Strongly Disagree
step away from situations if they are too stressful or causing him/her discomfort.				
access a mental health professional when needed.				
HOUSEKEEPING & CLOTHING CARE				
pick up “clutter” and put items back where they belong.				
sweep and mop floors.				
clean dirty dishes and put them away.				
clean bathroom when dirty (e.g., clean toilet, shower, sinks).				
clean kitchen appliances when needed (e.g., refrigerator, oven, microwave).				

The learner can independently	Strongly Agree	Agree	Disagree	Strongly Disagree
clean counter tops and dust.				
use washing machine and dryer to wash own clothes.				
fold and put away or hang up own clothes when clean.				
identify when cleaning is needed.				
safely use common household cleaning chemicals.				
HEALTHY RELATIONSHIPS AND COMMUNICATION				
respond appropriately to typical exchanges with others (e.g., saying hello, being bumped or brushed against, making small talk, sarcastic remarks).				

The learner can independently	Strongly Agree	Agree	Disagree	Strongly Disagree
resolve conflicts through discussion, reasoning, and compromise.				
identify at least one trusting adult, other than his/her support worker, who can be contacted when support is needed.				
identify supportive people in his/her life to spend time with on special occasions.				
share ideas and points of view respectfully.				

13. If needed, may we contact you to conduct a brief interview to discuss your answers further.
 Yes_____ No_____

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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. Heidi Cornell at heidi.cornell@wichita.edu or 316-978-6067.

_____ **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.

First and Last Name

Participant Name (Son or Daughter)

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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. Heidi Cornell at heidi.cornell@wichita.edu or 316-978-6067.

_____ **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.

First and Last Name

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GUIDED INDEPENDENT LIVING ASSESSMENT (GILA) PROGRAM

Participation and Temporary Occupancy Agreement

Participant Name: _____

Arrival and End Dates: _____

(“Training Session” not to exceed 6 weeks)

Scope of Program

The invitation to execute this Participation and Temporary Occupancy Agreement (“Agreement”) is being extended to Participant/Participant’s Guardian following Participant’s submission and preliminary approval of Participant’s application to the Cerebral Palsy Research Foundation of Kansas, Inc. (“CPRF”) in connection with Participant’s request to participate in the Guided Independent Living Assessment (“GILA”) Program.

In collaboration with Wichita State University, CPRF has created the GILA Program to enable young adults with disabilities ages 18 and over to learn independent living skills, to try living on their own, and upon completion of the GILA Program, to know their ability to live independently in the community. The GILA Program will provide classroom education and hands-on instruction in independent living skills, as well as an opportunity to demonstrate those skills while living in newly constructed apartments (“The Timbers”) on CPRF’s campus. Participant will live in a 2-bedroom apartment unit (the “Apartment”) with one other participant of the GILA Program.

The GILA Program includes courses on home safety, community safety, online safety designed to avoid scams and safeguard personal information, cooking and nutrition, grocery and household shopping, basic household management, financial planning and money management, healthy relationships and communication, and personal hygiene and self-care. Participant will receive individual mentorship from people with disabilities who currently live independently. The GILA Program will also include evaluations before and after the Training Session to assess the impact of training in meeting the goals and needs of Participant.

Admissions Criteria

Participant must meet the following criteria (“Admissions Criteria”) in order for CPRF to accept Participant’s application to the GILA Program: (1) be at least 18 years of age; (2) have a documented disability; (3) be able to be unsupervised (without staff present) for up to 24 hours with or without training and accommodations; (4) have a desire to receive independent living experience services in an apartment setting that focuses on improved outcomes of independent living; (5) have exhibited an interest and desire for greater independence, and have parent/guardian support in the pursuit of independence; (6) be willing to learn and use alternative modes of travel such as public transportation; (7) be receptive to learning financial management and living within a restricted budget; (8) possess or be willing to learn time management skills and be able to follow

a schedule with or without accommodations (ie. picture schedule); (9) have socially adaptive and responsible behaviors when left unsupervised and follow/adhere to rules and instruction; (10) be independent in grooming and hygiene routines or have staff to assist; (11) be able to communicate with others effectively, with or without accommodations; (12) have a cell phone before entering the program; and (13) have proof of COVID-19 vaccination or documented religious or medical exemption.

CPRF is willing to invite Participant to participate in the GILA Program based on the completeness and accuracy of information submitted. Based upon that information and such additional information as may be developed during the GILA Program, CPRF has made a preliminary decision to approve Participant as part of the GILA Program, subject to Participant executing this Agreement and performing in connection therewith, including but not limited to, Participant's satisfaction of the Admissions Criteria.

Each Participant is responsible for the performance of this Agreement, including the payment of all rates, damages, and fees charged with respect to the Apartment per this Agreement.

CPRF and Participant agree that either may terminate this Agreement at any point during the Training Session per Section 2 of this Agreement.

1. **Registration.** "Registration" means Participant's (1) completion of all required documentation and payment in advance of a nonrefundable payment of \$_____ for participating in the GILA Program, which includes a stay of up to 6 weeks, (2) execution of this Participation and Temporary Occupancy Agreement, (3) satisfaction of the Admissions Criteria, and (4) completion of any paperwork related to participation in the GILA Program.

2. **Expiration Date.** Unless otherwise agreed to in writing by CPRF and Participant, the "Expiration Date" will be the earlier of such date that: (a) CPRF notifies Participant that Participant must vacate the Apartment; (b) Participant notifies CPRF that Participant is vacating the Apartment; (c) Participant actually vacates the Apartment; or (d) the last day of the Training Session.

3. **Occupancy Use.** The Apartment in which Participant will live during the Training Session is located on The Timbers, a 100-unit, wheelchair accessible housing apartment community for individuals with physical disabilities. The Apartment features roll-in showers, roll-under sinks and counters, accessible switches, weather radios, storage space, and large pantries. The Timbers features an accessible outdoor swimming pool; a congregate area for group activities, potlucks, and parties; a large pond with a gazebo; a private courtyard koi pond and garden; an accessible computer lab; the Clyde C. Berger library; security staff on nights and weekends; and group activities such as the Garden Club, Book Club, adult learning opportunities, private events, and more. The Timbers also hosts an Exercise & Wellness Program, and it has three Federal Emergency Management Agency tornado shelters strategically placed throughout the campus. Participant will generally have access to all features of The Timbers, subject to limitations per policies of the GILA Program.

Maximum occupancy for the Apartment is a total of two participants. Participant will share the 2-bedroom Apartment with one other participant of the GILA Program. The Apartment is to be used as Participant's temporary residence for purposes of participation in the GILA Program and as an opportunity to utilize the independent living skills that Participant learns throughout the Training Session. Participant is responsible for furnishing all personal and hygiene items during the Training Session.

4. **Arrival/Departure Times.** Once registered, Participants may check in between __:00 a.m. and __:00 p.m. on the Arrival Date and shall depart by __:00 p.m. on the Expiration Date. The Apartment must be vacated on the Expiration Date unless otherwise agreed to in writing by CPRF.

5. **Damages.** Participant/Participant Guardian is/are responsible for any unpaid fees and for any damages that Participant causes to the Apartment, including but not limited to, damage charges, missing item charges, telephone charges, late fees, and all other charges and fees. Participant is responsible for all loss of and/or damage to all Apartment contents identified on the Inventory and Inspection Report (Exhibit A) unless such loss or damage is reported to CPRF by Participant immediately after Participant is granted entry to the Apartment. CPRF reserves the right to take legal or other collection action against Participant/Participant's Guardian. Participant/Participant Guardian agrees that CPRF is not responsible for damage or theft of any personal property brought on the premises. Participant/Participant Guardian shall indemnify CPRF against all liability arising during Participant's stay from injury to person or property occasioned wholly, or in part, by any act or omission of Participant or Participant's invitees.

6. **Rights of CPRF.** CPRF may remove Participant, without refund, (i) upon reasonable notice, or (ii) immediately for any non-payment, disorderly conduct, unlawful act, possession of dangerous property, not being a registered Participant, exceeding occupancy limits, false pretenses, or violation of any rule set forth in this Agreement. CPRF may also immediately remove Participant if CPRF is in violation of any state or federal statutes and regulations, including but not limited to, those applicable to programs of the U.S. Department of Housing and Urban Development and the Kansas Department on Aging and Disability Services. CPRF reserves the right to conduct random inspections of each Apartment, regardless of whether Participant is present for any such inspection.

7. **Limited Liability.** Participant/Participant Guardian consent and agree to participate in all aspects of the GILA Program and to follow the instructions of the GILA Program staff. Participant/Participant Guardian agree that CPRF, in its sole discretion, may terminate Participant's participation in the GILA program at any time, including but not limited to, Participant's failure to participate in all aspects of the GILA Program. Participant/Participant Guardian understand that staff of the GILA Program will not be onsite, nor will they be available to Participant, during the evening, overnight, or on weekends. Participant/Participant Guardian represent and warrant that Participant is able to be independent during such times, or in the event

that Participant cannot be independent during such times, Participant/Participant Guardian will arrange for Participant's own assistance providers separate and apart from the GILA Program staff.

Participant/Participant Guardian further agree and do hereby release CPRF, its employees, staff, and other personnel, from any and all liability or damages of any kind arising from Participant's participation in the GILA Program and Participant's living in the Apartment. Participant understands that CPRF does not warrant or guarantee Participant's safety or security while living in the Apartment as part of the GILA Program. CPRF is not responsible for loss or damage to Participant's property.

8. **Smoking; Pets.** Smoking is not permitted indoors anywhere on the CPRF premises, including inside the apartments or within 30 feet of any entrance. Pets are not allowed in the Apartment. Alcohol consumption is not permitted during the 6 week program.

9. **GILA Program Policies.** Participant agrees to be bound by the policies of the GILA Program and will follow the instruction of the GILA Program staff.

10. **Emergency Healthcare.** In the event of a health emergency, CPRF will use reasonable efforts to seek emergency medical assistance on behalf of Participant (which may include calling 911). Notwithstanding, Participant/Participant Guardian understand that staff of the GILA Program will not be onsite, nor will they be available to Participant, during the evening, overnight, or on weekends. Participant/Participant Guardian represent and warrant that Participant is able to be independent during such times such that Participant can appropriately respond to a health emergency, or in the event that Participant cannot be independent during such times or cannot respond to health emergencies, Participant/Participant Guardian will arrange for Participant's own assistance providers separate and apart from the staff of the GILA Program. Participant/Participant Guardian agree any and all healthcare goods and services will be provided solely at Participant/Participant Guardian's expense. Participant/Participant Guardian also agree to indemnify and hold CPRF harmless from any and all expense or other liability incurred with respect to any such event. Participant/Participant Guardian acknowledge and agree that no healthcare services or benefits of any kind are being provided as a part of this Agreement.

By signing this Participation and Temporary Occupancy Agreement, I acknowledge and agree that subject to CPRF's approval of Participant's application and Participant satisfying the Admissions Criteria, I am a Participant of the GILA Program, the Apartment is to be utilized only as my temporary residence during the Training Session, and this Agreement does not establish a permanent residence. I understand and agree to all of the foregoing terms and conditions.

[Signatures follow on the next page.]

Participant Signature: _____

Printed Name: _____

Date: _____

Guardian Signature: _____

Printed Name: _____

Date: _____

CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS, INC.

By: _____

Printed Name: _____

Date: _____

EXHIBIT A

INVENTORY & INSPECTION REPORT

[Attach report]