



**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 able to be unsupervised (without staff present) for up to 24 hours with/without training and accommodations (smart phone/life alert) <b>OR</b> 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 <b>OR</b> 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.

<b>PERSONAL SAFETY &amp; TRANSPORTATION</b>						
<b>The learner can independently</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
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.						
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.						
<b>COOKING, MEAL PREPARATION, AND FOOD STORAGE</b>						
<b>The learner can independently</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
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).						

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**

<b>The learner can independently</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
create and maintain checking and savings accounts.						
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.						

**PERSONAL SELF-CARE**

<b>The learner can independently</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
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.						

step away from situations if they are too stressful or causing him/her discomfort.						
access a mental health professional when needed.						
<b>HOUSEKEEPING &amp; CLOTHING CARE</b>						
<b>The learner can independently</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
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).						
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.						
<b>HEALTHY RELATIONSHIPS AND COMMUNICATION</b>						
<b>The learner can independently</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
respond appropriately to typical exchanges with others (e.g., saying hello, being bumped or brushed against, making small talk, sarcastic remarks).						
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.						
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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](mailto: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](mailto: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 # 2022\_\_\_\_\_