

Educational Programs Inspiring Communities, Inc
707 Lehman St
Houston, Texas 77018
713-692-4278 Fax 713-692-4279

**HEART Virtual E-Learning Summer Program
APPLICATION FORM**

General Applicant Information

Name: _____

Address _____ City _____ State _____ Zip Code _____

DOB _____ Phone _____ Alt# _____

Email address _____

Male _____ Female _____ Ethnicity _____

Parent/Guardian Name: _____

Phone _____ Alt# _____

Email address _____

Emergency Contact Information

Emergency Contact _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Email address _____

Guardian (If applicable) _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Email address _____

ELIGIBILITY REQUIREMENTS

To qualify for the HEART Virtual E-Learning Summer Program the participant must meet all of the following eligibility requirements:

1. The participant has an Intellectual and/or a Developmental Disability and I have provided a copy of the participant's diagnosis. _____ (Initials)
2. The participant is between 14-22 years of age and I have provided proof of the participant's age. _____ (Initials)

PARTICIPATION REQUIREMENTS

To enroll in the HEART Virtual E-Learning Summer Program the participant must be willing and able to meet all the following participation requirements:

- Internet access and access to a compatible device
- Participation requirements
- HEART Program Behavior Policy
- Tobacco and Drug Use Policy
- Willing to LEARN!

Medical

Please provide a copy of applicant's diagnosis

Diagnosis _____

Date of Diagnosis _____

Aggressive and Disruptive Behavior

Educational Programs Inspiring Communities, Inc reserves the right to refuse service to any individual who displays disruptive behavior and/or aggressive behavior during virtual sessions. If this type of behavior occurs, the participant will be asked to leave the virtual session immediately or will be removed from the session. The determination of such behavior is at the discretion of the HEART staff.

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Behavior and De-Escalation Information

By completing this section, it will help our staff better understand the applicant and help them have an enjoyable learning and successful experience.

Triggers (Please check): What makes the applicant upset, angry, anxious and/or overwhelmed?

Feeling they are being singled out Feeling they are forced to do something

Feeling someone is being untruthful Feeling isolated

Loud noises Feeling threatened

Other: _____

Warning Signs (Please check): What are some warning signs the applicant exhibits when becoming anxious or frustrated

Sweating Throwing objects Clenching teeth

Yelling Crying Clenching fists

Swearing Breathing hard/rapidly Pacing

Being rude/insubordinate

Other _____

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ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge having read this application in its entirety and I fully understand its eligibility and participation requirements.

I attest that all information provided is true to the best of my knowledge. I understand that intentionally omitting or falsifying information can lead to non-acceptance into the program.

Participant Signature (If applicable)

Date

Parent or Guardian

Date