

Educational Programs Inspiring Communities, Inc
707 Lehman St
Houston, Texas 77018
713-568-6083



**Session 2:
HEART Houston Food Bank
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 is the same as Applicant above

Address _____ City _____ State _____ Zip Code _____

Email address: _____

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ELIGIBILITY REQUIREMENTS

To qualify for the HEART Houston Food Bank Summer Program the participant must meet all the following eligibility requirements:

1. The participant has an Intellectual and/or a Developmental Disability and has provided a copy of the participant's diagnosis. _____ (Initials)
2. The participant is between 16-22 years of age and I have provided proof of the participant's age. _____ (Initials)
3. The participant must have reliable transportation to and from the Houston Food Bank. _____ (Initials)

PARTICIPATION REQUIREMENTS

To enroll in the HEART Houston Food Bank Summer Program the participant must be willing and able to meet all the following participation requirements:

- Reliable Transportation to and from the Houston Food Bank
- HEART Program Attendance policy
- HEART Program Behavior Policy
- Tobacco and Drug Use Policy
- Willing to LEARN!
- POSITIVE Attitude

Medical

*****Please provide a copy of applicant's diagnosis***

Diagnosis: _____

Date of Diagnosis _____

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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 On-site learning. If this type of behavior occurs, the participant will be asked to leave project area immediately or ultimately be removed from the HEART Houston Food Bank Program. The determination of such behavior is at the discretion of the HEART staff.

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