



**Session 1:  
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 is the same as Applicant above

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

**ELIGIBILITY REQUIREMENTS**

**To qualify for the HEART Virtual E-Learning Summer Program the participant must meet all 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)
3. The participant lives within the Texas Region. \_\_\_\_\_ (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
- HEART Program Behavior Policy
- HEART Program Attendance 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 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 Summer 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?

- |  |  |
|--|--|
| <input type="checkbox"/> Feeling they are being singled out  | <input type="checkbox"/> Feeling they are forced to do something |
| <input type="checkbox"/> Feeling someone is being untruthful | <input type="checkbox"/> Feeling isolated                        |
| <input type="checkbox"/> Loud noises                         | <input type="checkbox"/> Feeling threatened                      |

Other: \_\_\_\_\_

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Sweating                 | <input type="checkbox"/> Throwing objects       | <input type="checkbox"/> Clenching teeth |
| <input type="checkbox"/> Yelling                  | <input type="checkbox"/> Crying                 | <input type="checkbox"/> Clenching fists |
| <input type="checkbox"/> Swearing                 | <input type="checkbox"/> Breathing hard/rapidly | <input type="checkbox"/> Pacing          |
| <input type="checkbox"/> 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