



The H.E.A.R.T. Program

Educational Programs Inspiring Communities Inc.

707 Lehman Street, Houston, TX 77018

(713) 692 4278

www.heartprogram.org

Application for Admission

Please select one (1):

☐

New enrollment

☐

Re-enrollment

Please select which program(s) you are applying for:

☐

H.E.A.R.T. Vending & Concessions/Virtual Training

☐

H.E.A.R.T. Summer Internship Program

☐

H.E.A.R.T.-CVS Health Program:

☐

Retail/Customer Service

☐

Pharmacy Tech

General Applicant Information

Name _____ Citizenship _____

Address _____ City _____ State _____ Zip Code _____

DOB _____ Phone # _____ Alt # _____

Social Security: _____ - _____ - _____ Driver's License/ID #: _____

Male _____ Female _____ Ethnicity _____

Parent/Guardian Name _____

Phone # _____ Cell Phone # _____

Email _____



(Skip if not applicable) If you are applying for **Vending & Concessions/Virtual Training Program*** and/or **H.E.A.R.T.-CVS Program***, please answer the following eligibility questionnaire*:

- Does the applicant reside within the city limits of Houston?
_____ Yes _____ No
- Does applicant have an Intellectual and/or Developmental disability (I/DD)?
_____ Yes _____ No

If yes, please specify _____
- Is the applicant 18 years of age or older?
_____ Yes _____ No
- Does the applicant receive Supplemental Security Income (SSI) or is eligible for Medicaid?
_____ Yes _____ No

**This program is funded by The City of Houston Community Development Block Grant (CDBG). To qualify for this program free of charge, participants MUST respond "YES" to ALL questions above.*

(Skip if not applicable) If you are applying for **Summer Internship Program****, please answer the following eligibility questionnaire:

- Does the applicant reside within the state of Texas?
_____ Yes _____ No
- Does applicant have an Intellectual and/or Developmental disability (I/DD)?
_____ Yes _____ No

If yes, please specify _____
- Is the applicant between the ages of 15 and 21?
_____ Yes _____ No
- Does the applicant have reliable transportation to and from Houston Food Bank?
_____ Yes _____ No

***This program is free to all participants residing inside or outside of City of Houston.*



Proof of Eligibility

Please provide one (1) acceptable supporting documentation from each section below to be submitted with the application.

Attachment A: Proof of Residency - The applicant **MUST** reside within the city limits of Houston.

Examples of acceptable documentation include:

- Current utility bill
- Pay stub (if address is printed on stub)
- Rent receipt (showing current address)
- Lease agreement
- Mortgage statement
- Section 8 award letter
- Homelessness determination

***Note:** If the applicant does not have any of the above, documentation from the parent/guardian listed on the application may be used if the applicant resides with that individual.*

Attachment B: Proof of Diagnosis - The applicant **MUST** have an Intellectual/Development Disability.

Examples of acceptable documentation may include but not limited to:

- Psychological Evaluation form
- Determination of intellectual disability (DID) documentation
- Physician's note
- IEP or ARD

***Note:** other acceptable documentation may be considered on a case-by-case basis.*

Attachment C: Proof of Age - The applicant **MUST** be at least 18 years of age or older.

REQUIRED: Valid state or driver's license I.D.

Examples of acceptable documentation (if attaching more than an I.D.):

- State ID or Driver's license
- Passport
- Birth certificate
- Permanent resident card



Attachment D: Proof of SSI/Medicaid - The applicant MUST qualify for or receive Supplemental Security Income (SSI) and/or Medicaid.

Example of acceptable documentation:

- Current SSI award letter
- Copy of Medicaid card
- State Benefit card/form

Note: other acceptable documentation may be considered on a case-by-case basis.

Attachment E: Proof of Employment Eligibility - The applicant is eligible for employment in the U.S.

REQUIRED: Social Security card

Example of acceptable documentation (if attaching more than a Social Security card):

- Social Security card with work authorization
- U.S. passport or U.S. passport card
- Permanent resident card or alien registration receipt card (INS Form I-551)
- Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
- Employment Authorization Document that contains a photograph (INS Form I-766)
- Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

Note: other acceptable documentation may be considered on a case-by-case basis.

ALL documentation (including a valid state/driver's license I.D. and social security card) MUST be submitted with application for consideration.



Medical

Diagnosis _____

Date of Diagnosis _____

Does applicant have any physical disabilities? Yes _____ No _____

If yes, please explain _____

Can applicant take his/her own medication? Yes _____ No _____

Does applicant need any special equipment or considerations? Yes _____ No _____

If yes, please explain _____

Does the applicant have any additional social limitations we should be aware of? If so, please list

Please provide a copy of applicant's diagnosis.

Benefits

Does applicant receive the following: (Check all that apply and list monthly award)

_____ SSI \$ _____ SSD \$ _____ SNAP \$ _____

_____ Medicare _____ Medicaid _____ Metro-Lift _____ HCS _____ VR

_____ on the waiting list for benefits from MHMRA or another agency

Please provide proof of benefits, such as award letter or copy of card.



Guardianship Information

Guardianship: Yes _____ No _____ In progress _____

Name of guardian (If applicable) _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Cell Phone # _____

Email _____

Please provide proof of guardianship, such as a guardianship letter.

Agency Provider (If Applicable)

Agency _____ Case Manager _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Cell Phone # _____

Email _____

Living Situation

Home _____ Independently _____ Group Home _____ Residential Facility _____

Other, please specify _____

Transportation

Drives _____ Family _____ Metro _____ MetroLift _____ Group Home _____

Other, please specify _____

Education

The H.E.A.R.T. Program and its facility is a drug-free zone.



____ HS Diploma ____ GED ____ Technical ____ College, # of years ____

Please list the names of each school attended and highest level of completion.

School Name

Dates of Attendance

1 _____

2 _____

3 _____

Applicant Employment History

Does applicant have any prior employment history? ____ Yes ____ No

If yes, please complete the provide information below:

Employer	Job Title /Responsibilities	Start Date-End Date

How did you hear about The H.E.A.R.T. Program?

Additional Information

Please list any additional information that you feel would be important.



Individualized Training Questionnaire

Applicant's name _____

Date _____

Please fill out this questionnaire as accurately as possible. This will help us gain a better understanding of the applicant and identify any additional support he/she may require. This information may also be used to help determine an individualized vocational training plan if needed.

1. Does the applicant exhibit difficulties with communication?

Yes _____ No _____

2. Has the applicant demonstrated behavioral problems in the past?

Yes _____ No _____, If yes, please explain

3. Is the applicant able to effectively interact with their peers?

Yes _____ No _____

4. Does the applicant struggle with fine motor skills?

Yes _____ No _____

5. Are there academic skills that would require improvement that would assist applicant when performing simple tasks?

Yes _____ No _____, If yes, please state



6. Does the applicant have trouble maintaining attention and focus?

Yes _____ No _____

7. Is the applicant able to understand and follow directions?

Yes _____ No _____

8. Does the applicant have difficulty with self-care skills?

Yes _____ No _____, If yes, please explain

9. Is the applicant able to communicate wants and needs effectively?

Yes _____ No _____

10. Are there any physical limitations that impact the applicant's daily life?

Yes _____ No _____, If yes, please explain

11. Has the applicant displayed problematic behavior in loud settings?

Yes _____ No _____, If yes, please explain

12. Is the applicant able to form positive relationships with peers?

Yes _____ No _____



13. Are there any difficulties with gross motor skills?

Yes _____ No _____, If yes, please explain

14. Does the applicant require support in reading and writing?

Yes _____ No _____

15. Are there concerns about the applicant's ability to stay on task?

Yes _____ No _____

Additional information



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 in-person/virtual training. If this type of behavior occurs, the participant may be immediately terminated from the program. The determination of such behavior is at the discretion of The H.E.A.R.T. Program management and staff.

Behavior and De-Escalation Information

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

- | | |
|--|---|
| ☐ Feeling they are being singled out | ☐ Feeling forced to do something |
| ☐ Feeling someone is being untruthful | ☐ Feeling isolated |
| ☐ Loud noises | ☐ Feeling threatened |

Other, please specify _____

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, please specify _____



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 immediate termination from The H.E.A.R.T. Program.

Applicant Signature

Date

Parent or Guardian (If applicable)

Date

**Submitting Application Does Not Guarantee Acceptance Into
The H.E.A.R.T. Program.**



Completed and signed applications may be submitted to:

Email: pespinal@heartprogram.org *(H.E.A.R.T. Vending & Concessions/Virtual Training)*

ssimmonsgould@heartprogram.org *(H.E.A.R.T.-CVS)*

agould@heartprogram.org *(H.E.A.R.T. Summer Internship Program)*

Fax: Paola Espinal: (713) 481-7245 *(H.E.A.R.T. Vending & Concessions/Virtual Training)*

Sheree Simmons-Gould: (713) 893-8857 *(H.E.A.R.T.-CVS)*

Amy Gould: (713) 568-6083 *(H.E.A.R.T. Summer Internship Program)*

Mail: 707 Lehman Street, Houston, TX 77018

In-Person *(by appointment only)*: 707 Lehman Street, Houston, TX 77018