

One Step Beyond Disability Services



Date

Re: Step 1: Application for Enrollment, Initial Inquiry

Dear Prospective Program Participant and Parent(s), Guardian, or Authorized Representative/
other Advocate:

Thank you for your interest in One Step Beyond Disability Services. At OSB we envision a world in which people with disability are fully included in all areas of our community and are recognized for their potential, talent, and contributions to our society. As such, OSB provides highly dynamic, community-based life skills and vocational programming, regular recreation events, and constant social interaction.

We have a five-step enrollment process: 1) this initial inquiry, 2) a facility tour, 3) a trial participation day 4) application review, and 5) enrollment determination. Several factors are considered during the application for enrollment process, such as transportation, service boundaries, ISP/IPP goals and contents, reaction to tour and shadow day activities, questionnaire responses and family and social worker interviews.

By completing the enclosed questionnaire forms and submitting your most recent Individual Support Plan/Individual Program Plan (ISP/IPP) or Individual Education Plan (IEP) for review, you complete the first step in our application for enrollment process, the initial inquiry. Together, we need to explore whether OSB's dynamic, community-based programming and services meet your needs. As such, it is important for you to complete the following questionnaire, accurately, and for you to submit the most recent ISP/IPP/IEP prior to being contacted to arrange a tour of our facilities.

OSB provides responsive, progressive, and dynamic programs to empower individuals with Intellectual Disability to realize their dreams of optimal independence, meaningful employment, significant social relationships, and full participation in our community.

*Your signature below indicates that you understand that participation in OSB's application for enrollment is **not a guarantee** that you will be enrolled, and that the decision to enroll or not enroll may be made at any time during the application for enrollment process by either you or OSB, and that Golden Gate Regional Center authorization for service is required prior to your first day of attendance at an OSB Program*

If you have any questions, comments or concerns about any of the information requested in this initial inquiry or about the application for enrollment process, please do not hesitate to call our office at 623-760-8025.

Sincere Regards,

Madison Rogers-Blanton
Executive Director & Enrollment Manager
madisonrogers@osbi.org

Participant/Authorized Representative
Signature and Date

Does the Participant use Assistive Devices such as:

Wheelchair

Braces

Hearing Aid(s)

Glasses

Com Device

Braille Reader

Other (Describe): _____

Parent/Guardian/Authorized Representative Name: _____

Address: _____

City: _____ Zip: _____

Phone Numbers

Home: _____

Cell: _____

Other: _____

Email: _____

GGRC Social Worker Name: _____

Phone number: _____

Email address: _____

Other Emergency Contact Name: _____

Phone number: _____

• **Participant Preferences**

Likes:

Dislikes:

• **Personal Care Skills** (Check all applicable items)

	Independent	Minimal Prompting	Requires Assistance
Dressing			
Toileting			
Eating			
Dental			
Menses (If Applicable)			

Additional Comments:

• **Behavioral Concerns** (Check all applicable items and Describe Behavior)

	No	Yes	Describe behavior	Frequency
Aggression				
Self-injurious				
Injurious towards others				
Property destruction				
Self stimulating (stemming)				
Running away				
Sexual acting out				
Other				

Additional Comments:

• **Social/Emotional Development** (Check all that apply)

	No	Yes
Expresses feelings/needs verbally		
If NO , Please Describe how Participant expresses feelings/needs (Sign, Com Device, Gestures, etc.):		
Difficulty with expressive language		
If Yes, Please describe specific difficulty (Uses single words, Short Phrases, Difficulty with articulation, etc.) and interventions used to understand speech:		
Understands what is being said		
Makes eye contact		
Follows multi-step directions		
Shows anger appropriately		
Resists cooperation		
Interacts appropriately with staff		
Interacts appropriately with peers		
Prefers the company of:	Males	Females
		No Preference

Additional Comments:

• **Transportation** (Check the appropriate yes/no boxes)

	No	Yes	Describe
Utilizes Public Transit Independently			
Adaptive equipment required while riding in vehicle			
Special seating arrangements while riding in vehicle			

Additional Comments:

The information included in this document is confidential and will only be used by One Step Beyond for enrollment purposes. My signature verifies that all of the information is true and valid to the best of my knowledge.

Signature of Participant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Authorized Representative: _____

Date: _____