



Dear Summer Program Applicant and Parent/Guardian,

We have missed seeing everyone in person and are excited for this summer! For our youth ages 14-21 we encourage participation in the bi-weekly Employment and Transition Program. If this program is not desirable, please encourage youth to come attend our adult activities held twice a month during the summer. For the bi-weekly program we will be accepting 12 students. **We fill up fast and slots will be filled on a FIRST COME, FIRST SERVE BASIS.**

What is the Bi-Weekly Employment and Transition Program?

The Bi-Weekly Employment and Transition Program starts Wednesday June 24th and then is every Wednesday and Friday through Friday, July 31st (with the exception of Friday July 24th) from 9 am-12:30 pm. This program will focus on aspects of employment. Students will learn social skills, dressing for success, and transportation resources to access community resources. Students will also learn how to write a resume, fill out a job application, interview, and how to be an effective advocate in an interactive and fun learning environment.

We have received a grant through the Utah State Office of Rehabilitation, making the bi-weekly program **FREE**. USOR requires that we collect disability determination and Social Security numbers from all students accepted into this FREE program. Parents/guardians will be required to provide this information before the beginning of the program.

A teacher can sign and verify that your student qualifies for the program. No application will be accepted without this information. For applications that a teacher has not signed, one of the following is an acceptable alternative document:

1. Copy or verification of SSI/SSDI award.
2. Medical record or letter from medical or counseling professional.
3. Referral form from pre-employment services with the identification of a student's disability, signed by school staff and parent/guardian if the student is under the age of majority (18) in a state.
4. Copy of an individualized education plan (IEP), SSA beneficiary award letter, school psychological assessment, document of a diagnosis or disability determination or documentation relating to 504 accommodations.

Allison Muir
Youth Independent Living Coordinator
(435) 673-7501 Work Cell (435) 319-0338
allison@rrci.org

RRCI
168 N 100 E Suite 101
St. George, UT 84770





Today's Date _____

RRCI Pre-Employment Transition Services Intake and Application

First Name Middle Name Last Name Date of Birth Age

Address _____ County _____ City _____

State UT Zip _____

Email _____ Phone/Cell _____

Please Circle Correct Answer:

Race: White Asian Black/African American Native American or Alaskan Native Pacific
Islander or Native Hawaiian Unknown

Are you also Hispanic? Yes No Gender: Female Male Does not wish to self-identify

Grade in School: 9 10 11 12 Post **School Name:** _____

Are you a current Vocational Rehabilitation (VR) Client? Yes No

If yes, who is your VR counselor? _____

Living Arrangement: Dependent with family/friends Group Home Professional Parents On own

What is your disability? _____

What services do you need? _____

Are you registered to vote? Yes No N/A If not, would you like to register to vote? Yes No

I understand that assistance may be given by RRCI for the purpose of assisting me to become independent. Although specific services or independence cannot be guaranteed by RRCI or by myself, a reasonable amount of assistance will be given to me for that purpose if I am found eligible for services.

I understand information collected in this interview and in subsequent development of my service record is necessary to establish eligibility for services and in the provision of services if I am found eligible. RRCI will gather information from me personally or with my consent. Information from my service record will not be disclosed other than in the administration of my independent living program, unless my written approval has been obtained. I am aware of my rights concerning the release of information.

RRCI makes no distinction in race, color, sex, age, gender identity, sexual orientation, creed, disability or national origin in the provision of services to individuals under the program. I understand that I may appeal discriminatory practices and that I have the right to appeal the decision of my service coordinator to his/her supervisor. My service coordinator will help me if problems of this nature arise. If additional assistance is needed, the Client Assistance Program (CAP) is available to act as an advisor or advocate. CAP can be reached by calling 1-800-662-9080.

Student Eligibility

☐ I verify that this student has a disability and is receiving services under IDEA or does/would qualify under 504.

Teacher: _____ Date: _____

Parent Signature: _____ Date: _____



RRCI

Pre-Employment Transition Services Independent Living Plan

Student Participation Statement

- ☐ Waiver Statement: I understand the purpose of a written Independent Living Plan, but at this time I am waiving participating in the plan development. I understand that I can request participating in an Independent Living Plan at any time.

OR

- ☐ Participation Statement: I will participate in the development of an Independent Living Plan.

Goal: COMMUNITY/SOCIAL PARTICIPATION

INIT. DATE	
ANTICI. DURA.	
COMP. DATE	

To assist in assessing the self-care barriers currently experienced. Consumer will be taught life and transition skills to include them into mainstream society and increase their participation in social, vocational, and community activities.

Services: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Counseling and Guidance | <input type="checkbox"/> Information and Referral |
| <input type="checkbox"/> IL Skills: Related to budgeting, healthy living, household management | <input type="checkbox"/> Recreation—involve in recreational activities |
| <input type="checkbox"/> Youth Services: assist those consumers in school, ages 14-22, with social and life skills needs from high school to work, or post-high, develop advocacy skills, self-esteem, and the exploration of career options. | |
| <input type="checkbox"/> Transportation Services: Consumer requiring a ride using RRCI vehicle | |

ANNUAL REVIEW: It is understood that every 12 months there will be a review of this plan. At that time, you will have the opportunity to redevelop terms of your plan with your coordinator.

Consumer or Representative _____ Date: _____
IL Service Coordinator _____ Date: _____

This program is offered in cooperation with Utah State Office of Rehabilitation



Return Application by June 10th: to RRCI

Mail—Attn: Allison Muir, 168 N 100 E Suite 101 St. George, UT 84770

Email: allison@rrci.org

RRCI Summer Programs Frequent Questions

1. **Where will students spend most of their time in the summer program?** All students will meet each time at RRCI. All activities will originate at RRCI. Outings and some special events will take place at community locations within the Washington County area.
2. **What about meals?** Lunch is scheduled at 11:30 am for 30 minutes. **For Wednesday's youth must bring a sack lunch.** There will be light snacks and water provided. ***Friday's students will participate in cooking classes and should not bring a lunch (we will wear gloves in order to stay safe).*** There may be opportunities to purchase lunch near some of the outings. You will receive a note home with this information.
3. **What about transportation?** *For the Transition program at RRCI, parents are expected to provide transportation for their student to and from RRCI on Wednesday and Friday, but we know there are exceptions, and we will accommodate with LIMITED transportation for those that have no other option to get to our center.*
4. **What time should the students arrive and leave RRCI?** For the bi-weekly employment and transition program classes will begin at 9:00 am. **Student should arrive by 8:45 am.** *(There will be not class on Friday July 24th).* **Students should be picked up by 12:30 pm.** Please call the center at (435) 673-7501 and let us know if your student is going to be absent or late.
5. **What kind of supervision will students have while at RRCI?** Staff members are independent living specialists trained to help students meet his/her needs. Staff will be in attendance at all activities. Students safety and well-being are our most important concern. Students will be supervised in a group of no more than 1 staff to 10 student ration. **We do not have staff capacity for 1:1 supervision.**
6. **What is the cost of the RRCI Summer Program?** Because of a grant through the Utah State Office of Rehabilitation the bi-weekly program is **FREE**.
7. **What about parents? How can they help?** Parental involvement is crucial to the success of each student. Reinforcement at home will help students retain skills taught in the program. Our aim is to help parents and other family members more effectively cope with and understand their relationship with students in transition. For the Summer Recreation Camp, parents can attend and support their child in the activities planned.
8. **What about other help or services?** RRCI has additional resources and help available beyond the summer program. Call Allison at (435) 673-7501 for more details.
9. **Getting the application back to us?** The application is available on the RRCI website: www.rrci.org You can mail it, email, or turn it in person to us.
10. **Getting social security information to us?** This is a requirement for the bi-weekly program and must be received before the program begins.



Summer Program is most appropriate for youth and young adults who fit the following guidelines:

1. Youth and young adults must be able to demonstrate basics self-sufficiency. Students must be independently mobile, be able to demonstrate independence with toileting, feeding, and dressing or bring an attendant to assist with those needs.
2. Youth and young adults should be socially appropriate and be able to function at a 1 staff to 10 consumer ratio.

RRCI reserves the right to select participants who demonstrate a reasonable expectation that services provided will be beneficial in their move toward independent living. Students must be between the ages of 14 to 21 for the bi-weekly program. We would like to have a mixture of returning students as well as new ones. It is important to get your application in early as we will be selecting on a first come, first serve basis. Call Allison or Dan at (435) 673-7501 for any questions or other classes and services available.

Below are some questions to help staff members better serve your student. Information provided will be used to help us plan and organize classes.

1. Special Dietary Needs: No ___ Yes ___ if yes, please explain _____
2. Please explain your student's disability, include whether or not your student uses a mobility device.

3. Is your student able to follow simple directions? Yes ___ No ___ Please explain

4. How does your student handle unfamiliar situations or people? Please explain

5. Given the opportunity will your student wander/leave the group?

6. Are there behavior characteristics that staff should be aware of? Examples include but are not limited to: defiance, violence, etc.

7. What strengths/skills does your student possess?

8. What would you like to see your student achieve from these classes?

Other comments, concerns or accommodations your student will need to participate:



Release of Information Exchange

The purpose of this release of information is to facilitate transition services being provided to my student by RRCI. RRCI is a non-profit agency that provides independent living skill transition services to individuals with disabilities. Care will be taken by agencies involved to release only that information which is required for effective and efficient implementation of services. Confidential information to be included in this interagency information exchange agreement will include: name, birthdate, and basic demographics. Information will be used to determine eligibility and for administrative purposes required by Department of Workforce Services Rehabilitation and other funding sources. This release will not be used for detailed medical or as psychological information.

Agencies Share Access to Confidential Information

Department of Workforce Services Rehabilitation
Address: 1595 W 500 S SLC, UT 84104
Contact Person: Aimee Langone, MEd, CRC, LVRC
Phone: 801-887-9503

Washington County School District:
121 W Tabernacle St. George, UT 84770
Contact Person: Hollee Cullen
Phone: 435-673-3553 x 5147

RRCI
Address: 168 N 100 E Suite 101 St. George, UT 84770
Contact Person: Allison Muir
Phone: 435-673-7501

I understand that my student's records are protected under the State and Federal regulation as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

I authorize the release and/or disclosure of information between the agencies listed above. I understand that this release is effective from the date below and while my child is enrolled in school. I understand I may revoke this consent at any time by sending written notification to the above listed agencies.

Student Name

Witness

Parent/Guardian Signature

Date





2020 RRCI Summer Programs Permission Forms

I hereby give permission for _____ to participate in RRCI's Summer Recreation Program/or Bi-Weekly Transition Program. With this fully signed permission slip, I hereby release and discharge RRCI and its employees from all liability, claims, and/or demands for property damage and personal injury, which may arise from an accident or injury while attending activities for the summer program, or being transported to and from these activities.

_____ Agree

_____ Disagree

I agree to authorize RRCI to take and utilize photographs, videos, or other audio-visual materials for its own use. These materials will be used for public awareness, public relations, and fundraising. I also understand that I will not be compensated monetarily or otherwise for use by RRCI.

_____ Agree

_____ Disagree

Parent/Guardian Signature _____ Date: _____

Please Print Name _____

In case of emergency I can be contacted at the following number _____

Return application as soon as possible to RRCI—DEADLINE JUNE 10th

Mail—Attn: Allison Muir, 168 N 100 E Suite 101 St. George, UT 84770

[Email—allison@rrci.org](mailto:allison@rrci.org)

