



Welcome to The Arc of San Antonio. We are pleased that you are interested in applying for admission to The Arc's Vocational Training Program. In order for us to best serve you, we ask that the attached packet be completed prior to admission.

If you require additional information, assistance in completing the application or would like to schedule a meeting please feel free to contact:

Anna Garcia

Vocational Training Coordinator

490-4300 ext. 130

agarcia@arc-sa.org

The Arc of San Antonio

Vocational Training Program

In 2006, The Arc of San Antonio launched the Green Clean Team to give people with developmental disabilities an alternative to traditional job programs and to help prepare them for competitive employment. The Green Clean Team provides specialized training, an internship, and job placement assistance. Training begins with a twenty hour class teaching basic work habits such as work ethic, interpersonal and communication skills, goal setting, and time management. This is followed by a sixty day internship where individuals will learn basic janitorial skills while gaining hands on experience cleaning The Arc's two buildings. Upon graduating, participants will be referred for employment placement assistance.

(The Arc also provides a wide range of services that include day habilitation, young adult programs, after-school and summer programs, information and referral and case management. Our unique programs meet a critical need in the community for children, youth and adults with all levels of intellectual and other developmental disabilities.)

The Arc of San Antonio
Vocational Training Program Application
(please fill out completely)

Applicant's Name: _____
(First) (Middle) (Last)

Preferred Name (if applicable): _____

Birth Date: _____ **Social Security #:** _____

Ethnicity: ___Caucasian ___Hispanic ___African-American
___Asian **Other:** _____

Address: _____
(Street) (City) (Zip)

Type of Residence: ___Alone ___Parent/Guardian ___Group Home

Telephone #: _____ **Alternate #:** _____

Primary Language Spoken: _____

Guardian: _____ **Relationship:** _____

Address: _____
(Street) (City) (Zip)

Telephone #: _____ **Alternate #:** _____

Contact in case of emergencies: ___Yes ___No

Name of Group Home/Facility: _____

Residential Director: _____

Telephone #: _____ **Alternate #:** _____

Contact in case of emergencies: ___Yes ___No

Case Manager/QMRP: _____

Telephone #: _____ **Alternate #:** _____

Contact in case of emergencies: ___Yes ___No

MEDICAL INFORMATION

Primary Diagnosis: _____

Other Medical Diagnosis: _____

Allergies: _____

Seizure Disorder: Y____ N____

If yes, what is the frequency and duration of seizures? _____

Does the applicant have any special medical or health care needs? ___Yes ___No

If yes, please indicate: _____

Please list all medications taken on a routine basis:

| Medication | Dosage/Schedule | Reason Taken |
|------------|-----------------|--------------|
|------------|-----------------|--------------|

Please list all adaptive / supportive devices the applicant may require and provide specific instructions for use if needed. _____

Are there any special instructions that would help us meet this applicant's needs?

If yes, please indicate: _____

Please list any physical limitations that this applicant might have performing janitorial work. _____

EMPLOYMENT HISTORY

Please list any past employment experience applicant has had. Include independent, supported employment as well as experience in school or a sheltered workshop.

| Place | Job Duties | Dates | Reason for Leaving |
|--------------|-------------------|--------------|---------------------------|
| | | | |
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Please tell us why you are interested in The Arc’s Vocational Training Program.

Please identify specific likes / dislikes the applicant may have (i.e. dislikes loud noises; likes music) so we can better assist in job placement.

**The Arc of San Antonio
Vocational Training Program
Consent / Release Form**

Please review the following form. We ask that you, as the participant or legal guardian, make a determination on each of these issues and indicate your response appropriately. This form should be completed at the time of admission.

I, _____ give or do not give my consent / permission for
(Participant/Legal guardian)
_____ on each of the following issues.
(Participant's Name)

MEDICATION ASSISTANCE

| | | |
|---|------------|-----------|
| 1) Consent/permission to assist the participant with any prescription or over-the-counter medication(s) their physician has approved or prescribed. | <u>Yes</u> | <u>No</u> |
| | _____ | _____ |

PHOTOGRAPHS / VIDEOS

| | | |
|---|------------|-----------|
| 1) Consent/permission for photographs to be used for programming purposes. | <u>Yes</u> | <u>No</u> |
| | _____ | _____ |
| 2) Consent/permission for photographs or videos to be used by The Arc of San Antonio to portray or promote Arc activities. | _____ | _____ |
| 3) Consent/permission for photographs to be used on The Arc of San Antonio's publications and brochures. | _____ | _____ |
| 4) Consent/permission for photographs to be used on The Arc of San Antonio's web site. | _____ | _____ |
| 5) If consent/permission for photographs or video is given, I also give my consent/permission for the participant's first name to accompany the photograph or video. | _____ | _____ |
| 6) If consent/permission for photographs or video is given, I also give my consent/permission for the participant's first and last name to accompany the photograph or video. | _____ | _____ |

PARTICIPATION IN TRANSPORTATION

| | | |
|---|------------|-----------|
| 1) Consent/permission for The Arc of San Antonio staff to transport participant between job sites. | <u>Yes</u> | <u>No</u> |
| | _____ | _____ |
| 2) In the event of a medical, facility, environmental, or natural disaster emergency, I also give my consent/permission for Arc staff to transport the participant. | _____ | _____ |

RELEASE OF CONFIDENTIAL INFORMATION

| | | |
|--|------------|-----------|
| 1) Consent/permission for the participant's confidential information to only be shared with Arc staff for programming purposes. | <u>Yes</u> | <u>No</u> |
| | _____ | _____ |
| 2) Consent/permission for the participant's confidential information to be shared with the participant's Service Coordinator, Case Manager, QMRP, DARS Counselor, or Provider. | _____ | _____ |
| 3) Consent/permission for the participant's confidential information to be shared with: _____ | _____ | _____ |

(Participant/Legal Guardian Signature)

(Date)

The Arc of San Antonio, Inc.
13430 West Avenue
San Antonio, TX 78216-2005
Fax (210) 490-5196 Telephone (210) 490-4300

PRIVACY / CONFIDENTIALITY / HIPAA

It is the policy of The Arc of San Antonio that information contained in a client's file be kept in the strictest confidence and protected from misappropriation. Client's case files are to be kept at all times in locking cabinets and/or in secure office space.

Information contained in a client's file may only be accessed or reviewed by Arc staff involved in providing services to that client and the Department of Assistive and Rehabilitative Services (DARS) staff. No information, particularly identifiable protected health information, will be released to an outside party without the express, written consent of the client or his/her authorized agent.

Access to client information stored in computer databases is to be kept password-protected at all times. Database information and electronic transmission of client information for billing purposes is protected from hacking to the extent the agency's resources allow by network server partitioning and the presence of a highly effective internet firewall. However, it is the responsibility of any employee handling such data to safeguard the information and/or the confidentiality of the transition process at the human level.

Incoming and outgoing faxed or emailed information is to be handled with due diligence in preserving confidentiality. All outgoing faxes and emails must have a confidentiality notice included.

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Verification of Receipt of The Arc of San Antonio's Privacy Notice

PRIVACY NOTICE: I acknowledge that I have received a copy of the HIPAA privacy notice from The Arc of San Antonio.

Participant/Guardian Signature

Date

Witness Signature

Date

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GREIVANCE PROCEDURE

If at any time you feel that you are dissatisfied with the services being provided or that you are being mistreated, neglected or have any other grievance, please take the following steps:

- 1) Contact The Arc of San Antonio so that we may discuss your grievance and take steps to remedy the problem.
- 2) Contact your DARS counselor at _____ to discuss your grievance.
- 3) Call the Client Assistance Program at 1-800-252-9108.

Participant/Guardian Signature

Date