

The Arc Jacksonville

L.I.F.E Experience Program

Living Independently: Finding Enrichment

Applicant Name:

Dates Attending (please circle):

June 5th (Sunday) 2022 – July 1 (Friday) 2022

July 3 (Sunday) 2022–July 29 (Friday) 2022

Summer 2022

Please note that this application will serve two purposes:

- (1) It will give the LIFE Experience Coordinator tools to assess the appropriateness of the program for the applicant.
- (2) it will serve as a guide to LIFE Experience staff working with the applicant this summer. Please be as accurate and detailed as possible to maximize the benefits of LIFE Experience.

Therefore, it is very important that this application is completed as accurately and detailed as possible so that the LIFE Experience Coordinator can make the best decision. If something is not completed fully, we will reach out for clarification before making a decision. This application should be completed by the parent or guardian. After the applicant is admitted to the LIFE program, an applicant-specific questionnaire will be sent to assist with roommate matching and planning events.

Application Checklist

This checklist is to help ensure all information is filled out and all documentation is included before submitting.

Guardian Initial		Office Use
	Completed application	
	\$25 non-refundable check or money order with the completed application	
	Photograph (headshot) of applicant	
	Copy of Photo ID	
	Copy of Medical Insurance Card	
	Copy of Most Recent Support Plan (if applicable)	
	Letter of Recommendation (an individual who can provide insights into the strengths and weakness of the applicant that pertains to independent living and social behaviors) pg. 31	
	Power of Attorney/Guardianship/Medical Proxy/Documentation (if applicable)	
	Signed Acknowledgement/Waiver/Release of Liability Form	
	Video stating why the applicant wants to attend Summer LIFE (will be submitted after the application has been received) Instructions on pg. 32	

Eligibility Requirements

Applicant Initial	Guardian Initial	
		1. Be at least 18 years of age
		2. Have an intellectual/developmental disability
		3. Be eligible for / or receiving SSDI or SSI
		4. Have health insurance (Medicaid, Medicare, Private)
		5. Applicant has a desire to receive independent living experience services in an apartment setting that focuses on improved outcomes of independent living.
		6. Be able to independently self-administer medication*
		7. Have exhibited an interest and desire for greater independence, and parent/guardian support in the pursuit of independence
		8. Be able to navigate <i>independently</i> within the apartment complex
		9. Be willing to learn and use alternative modes of travel, such as public transportation or The Frassati Newman Hall shuttle
		10. Be receptive to learning financial management and live within a restricted budget
		11. Must possess or willing to learn time management skills and be able to follow a schedule with/without accommodations (i.e., picture schedule)
		12. Have socially adaptive and responsible behaviors when left unsupervised and have follow/adhere to rules and instruction.

		13. Be independent in grooming and hygiene routines *
		14. Be able to communicate with others effectively with/without accommodations
		15. Before entering the program, applicant must have a cell phone
		16. Must be willing to interview (in person or video chat)

**LIFE Experience staff do not have certifications required to provide medication management or serve as personal care assistants. If these services are required, the family will need to contract with private providers for personal care and/or medical management during the program.*

LIFE Experience Application 2022

- Be sure to complete **all** sections of the application.
- Please select the desired session(s) for participation: (*You may select more than one session*)
 - Session 1 Cost-\$4300 Sunday June 5th- Friday July 1st 2022
 - Session 2 Cost-\$4300 Sunday July 3rd - Friday July 29th 2022

By signing this form, the potential applicant and his or her parent(s)/guardian(s) acknowledge having read and understood the *basic* eligibility requirements for LIFE. This form must be signed and be included in the application packet. It must also be noted that this form includes **ONLY** the *basic* eligibility requirements for admittance to LIFE. Final acceptance to the program will be determined by the LIFE Program Coordinator and The Arc Jacksonville.

Parent/Guardian Signature _____
Date ___/___/___

Applicant Signature (if able) _____

Personal Information

Applicant's Information

Name of Applicant _____

Nickname _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Alternate Phone _____

Date of Birth _____ Age _____

Gender _____

Social Security Number _____

Parent/Guardian Information

Applicant resides with: Mother Father Both Step-parent Foster Parent
Group Home Other _____

Parent/Guardian Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Alternate Phone _____

Email Address _____

Employer _____

Employer Phone _____

Employer Address _____

Parent/Guardian Information (Alternative Contact)

Check here if above information is the same

Parent/Guardian Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____

Alternate Phone _____

Email Address _____

Employer _____

Employer Phone _____

Employer Address _____

Demographic

Please answer the following questions from the applicant's perspective (the person who wants to attend the LIFE Experience program).

Has the applicant ever been away from home (away from family and relatives) before? Yes No

If "Yes," where did the applicant go and how long were they away from home? Did they enjoy that experience? Please provide specifics. Please feel free to attach additional pages if necessary.

What high school did the applicant attend (name/location)?

Did the applicant graduate from high school? Yes No Year: _____

If "Yes," did the applicant graduate with a special diploma? Yes No

If the applicant has graduated from high school, please list what they have done since graduation (ex. Work, volunteer, community-based training, leisure activities, etc.) Please feel free to attach additional pages if necessary.

Please list any community work experiences (indicate if experience was paid or volunteer, as well as duration.) Please feel free to attach additional pages if necessary.

Does the applicant smoke? Yes No Quantity per week: _____

Does the applicant drink alcoholic beverages? Yes No

Frequency: _____ (#/time period)

Please note that Frassati Newman Hall and the Summer LIFE Experience are smoke free, & "Dry Programs/Locations". Any drinking or smoking during the program will result in immediate dismissal.

Has the applicant ever been arrested? Yes No

If "Yes," please describe the following:

Date: _____

Arresting Charge: _____

Misdemeanor Felony

Were you convicted? Yes No

If "Yes," please describe in further detail the arresting charge and result. This may not automatically make an applicant ineligible for the program, but will be based on a case-by-case basis :

Has the applicant ever been Baker Acted (The Baker Act is a Florida law that enables families and loved ones to provide emergency mental health services and temporary detention for people who are impaired because of their mental illness, and who are unable to determine their needs for treatment)? Please circle one.

YES

NO

If YES, please describe the circumstances. Include events leading up to, actions during, and follow-up care, including when and how long the applicant was placed under the Baker Act. This may not automatically make an applicant ineligible for the program, but will be based on a case-by-case basis.

Does the applicant have a history of being physically aggressive towards property, other people, or yourself? Please circle one.

YES

NO

If YES, please describe if there are any known causes for this behavior. This may not automatically make an applicant ineligible for the program, but will be based on a case-by-case basis.

Disability, Impairment, Challenge, or Condition & Medical Information

Please use the space provided to answer the questions and elaborate as much as possible. Feel free to add extra pages if necessary.

Disability or Condition (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Emotional Disorder
(Bipolar, Depression, etc.) |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Chromosomal Abnormality |
| <input type="checkbox"/> Prader/Willi Syndrome | |
| <input type="checkbox"/> | Other: |

(Diagnosis/Explain):

Does the applicant currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? If yes, please list type, frequency of appointments, etc. (Further discussion about accommodations will need to occur if admitted into the Summer LIFE Experience.)

Please list any significant medical and/or physical conditions that may impact the applicant's participation in social and/or recreational activities within the program (for example: severe allergies or visual disability).

Please list ALL medications that the applicant is currently taking, including everyday vitamins. Include the dosage/frequency, purpose of the medications, and any side effect(s). Please feel free to include additional pages as necessary.

Medication:

Rx#:

Dosage:

Frequency:

Description of medication:

Side effects:

Medication:

Rx#:

Dosage:

Frequency:

Description of medication:

Side effects:

Medication:

Rx#:

Dosage:

Frequency:

Description of medication:

Side effects:

Medication:

Rx#:

Dosage:

Frequency:

Description of medication:

Side effects:

Medication:

Rx#:

Dosage:

Frequency:

Description of medication:

Side effects:

Please list medications the applicant **CAN NOT** take, in case of an EMERGENCY.

Medication	Side Effects

Is the applicant independent in self-administering medications and remembering to take medication?* Yes No

****Please note that LIFE Experience does not have a nurse or any other medical personnel that can administer medication. LIFE Experience staff cannot administer or handle any medication.***

Has the applicant ever had seizures? Yes No

If yes:

Type:

- Absence seizures
- Convulsive seizures
- Clonic seizures
- Myoclonic seizures
- Atonic seizures
- Tonic seizures

Duration

Frequency

Date of last seizure

Are seizures controlled with medications? Yes No

Please list any assistive technology that the applicant uses and what it is used for (i.e., wheelchair, eyeglasses, prosthesis, walker, hearing aid, roll aid, etc.) and if you require accessibility accommodations.

Transportation Skills

On a scale of 0-5, **0** being completely dependent (needs total help to do/ must be done for applicant) and **5** being completely independent (can be done on own without prompting), rate the applicant's ability to complete each of the following given their **current** skills.

- | | |
|---|---|
| <input type="checkbox"/> How to read a map (either printed or on a phone screen _____ | <input type="checkbox"/> Crosses 2 lanes with light _____ |
| <input type="checkbox"/> How to use a city bus schedule _____ | <input type="checkbox"/> Crosses 2 lanes without light _____ |
| <input type="checkbox"/> How to ride the city bus _____ | <input type="checkbox"/> Crosses 4 + lanes with light _____ |
| <input type="checkbox"/> How to ask others for directions _____ | <input type="checkbox"/> Crosses 4+ lanes without light _____ |
| <input type="checkbox"/> Crossing the street _____ | <input type="checkbox"/> Able to utilize a rideshare service (Uber, Lyft) _____ |
| <input type="checkbox"/> Crosses street with crosswalk _____ | <input type="checkbox"/> Able to utilize a shuttle service _____ |

Financial Management Skills

On a scale of 0-5, **0** being completely dependent (needs total help to do/ must be done for applicant) and **5** being completely independent (can be done on own without prompting), rate the applicant's ability to complete each of the following given their **current** skills.

- | | |
|---|--|
| <input type="checkbox"/> Able to count money _____ | <input type="checkbox"/> Keeping track of debit/ credit card spending _____ |
| <input type="checkbox"/> Able to estimate cash back from a transaction _____ | <input type="checkbox"/> Understands the difference between a debit card and a credit card _____ |
| <input type="checkbox"/> Using cash to purchase items at a store _____ | <input type="checkbox"/> Developing a budget _____ |
| <input type="checkbox"/> Using a calculator/phone to estimate costs during shopping _____ | <input type="checkbox"/> Remaining within a budget _____ |
| <input type="checkbox"/> Using a Debit or credit card _____ | <input type="checkbox"/> Organizing your Wallet _____ |

Household Chore Skills

*On a scale of 0-5, 0 being completely dependent (needs total help to do/ must be done for applicant) and 5 being completely independent (can be done on own without prompting), rate the applicant's ability to complete each of the following given their **current** skills.*

- | | |
|---|---|
| <input type="checkbox"/> Dusting _____ | <input type="checkbox"/> Doing Laundry _____ |
| <input type="checkbox"/> Sweeping _____ | <input type="checkbox"/> Ironing _____ |
| <input type="checkbox"/> Vacuuming _____ | <input type="checkbox"/> Cleaning bathtubs _____ |
| <input type="checkbox"/> Cleaning Mirrors _____ | <input type="checkbox"/> Cleaning toilets _____ |
| <input type="checkbox"/> Polishing _____ | <input type="checkbox"/> Removing stains from carpets _____ |
| <input type="checkbox"/> Washing dishes by hand _____ | |
| <input type="checkbox"/> Using a dishwasher _____ | |

Culinary Skills

*On a scale of 0-5, 0 being completely dependent (needs total help to do/ must be done for applicant) and 5 being completely independent (can be done on own without prompting), rate the applicant's ability to complete each of the following given their **current** skills.*

- | | |
|---|--|
| <input type="checkbox"/> Cutting Vegetables _____ | <input type="checkbox"/> Using an Oven _____ |
| <input type="checkbox"/> Cutting Fruits _____ | <input type="checkbox"/> Using a Stove _____ |
| <input type="checkbox"/> Cutting Meats _____ | <input type="checkbox"/> Following Simple Recipe _____ |
| <input type="checkbox"/> Using a Microwave _____ | <input type="checkbox"/> Using a toaster _____ |

What types of breakfast meals does the applicant usually eat and can they prepare these by themselves? If not, what are some breakfast meals they are able to prepare without assistance?

What types of lunch and dinner meals does the applicant usually eat?

What types of lunch meals are the applicant able to prepare by themselves without assistance?

What are some foods the applicant does not or can not try due to allergies or selective eating (picky eater)?

Does the applicant know how to use kitchen appliances (microwave, stove, oven, etc.) in a safe manner? Please describe.

What are the applicants favorite types of meals and foods?

Does the applicant ever eat frozen foods? If so, which ones? (ex. Lean Cuisines, Hot Pockets, etc.).

Does the applicant eat a healthy balance between fruits, vegetables, meats, and dairy products? If so, is it because the applicant wants to eat those foods or is it because the caregiver would like the applicant to eat those foods?

Is the applicant currently on and/or follow a diet, special diet (due to allergies/illnesses), religious preference, have nutritional goals, etc.? (Please explain)

Stamina and Endurance

Please check the item that describes the applicant **the best**.

Strength – Lifting and Carrying:

- | | |
|---|--|
| <input type="checkbox"/> Poor (<10 lbs) | <input type="checkbox"/> Average (30-40 lbs) |
| <input type="checkbox"/> Fair (10-20 lbs) | <input type="checkbox"/> Strong (>50 lbs) |

Endurance in completing tasks: (without breaks)

- | | |
|--|--|
| <input type="checkbox"/> Works <2 hours | <input type="checkbox"/> Works 2-3 hours |
| <input type="checkbox"/> Works 3-4 hours | <input type="checkbox"/> Works 4+ hours |

Orienting:

- | | |
|--|---|
| <input type="checkbox"/> Small Area | <input type="checkbox"/> Building Wide |
| <input type="checkbox"/> One Room | <input type="checkbox"/> Building & Grounds |
| <input type="checkbox"/> Several Rooms | |

Physical Mobility: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Sit/stand | <input type="checkbox"/> Difficulty with stairs/minor obstacles |
| <input type="checkbox"/> Fair ambulation | <input type="checkbox"/> Full mobility |

Gross Motor Ability:

- Full Fair Minimal

Fine Motor Ability:

- Full Fair Minimal

Independent Work Rate: (no prompts)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Slow pace | <input type="checkbox"/> Above average/sometimes fast pace |
| <input type="checkbox"/> Average Pace | <input type="checkbox"/> Continual fast pace |

Attention to task/perseverance:

- | | |
|---|---|
| <input type="checkbox"/> Frequent prompts with high supervision | <input type="checkbox"/> Some prompts with high supervision |
| <input type="checkbox"/> Frequent prompts with low supervision | <input type="checkbox"/> Some prompts with low supervision |
| | <input type="checkbox"/> No prompts Require |

Independent task sequencing:

- | | |
|---|---|
| <input type="checkbox"/> Cannot perform tasks in sequence | <input type="checkbox"/> Performs 4-6 tasks in sequence |
| <input type="checkbox"/> Performs 2-3 tasks in sequence | <input type="checkbox"/> Performs 7 or more tasks in sequence |

Initiative/Motivation:

- | | |
|--|---|
| <input type="checkbox"/> Always seeks work | <input type="checkbox"/> Sometimes volunteers |
| <input type="checkbox"/> Waits for direction | <input type="checkbox"/> Avoids next task |

Adapting to Change:

- Adapts to change
- Adapts to change with great difficulty
- Rigid routine required
- Adapts to change with some difficulty

Does the applicant need prompting (verbally) to complete a task? If so, what kind of verbal prompting does the applicant need and how frequently? Please list some specific tasks that require prompting.

What positive reinforcements work best to keep the applicant motivated to continue and complete tasks? (Ex. Verbal praise, candy, trip to the store, etc.).

What is the best way for staff to motivate the applicant to accomplish a goal or follow instructions?

Functional Skills

Please check off what applies to the applicant.

Time Awareness:

- Unaware of time and clock function
- Can tell time to the hour
- Can identify breaks and lunch
- Can tell in hours and minutes

Functional Reading:

- None
- Sight words/symbols
- Simple reading
- Fluent reading

Functional Math

- None
- Simple addition/subtraction
- Simple counting
- Computation skills

Following Directions or Instructions:

- Detailed written instructions
- Simple written instructions
- Simple written instructions with pictures
- Simple checklist with pictures
- Simple checklist without pictures
- Repetition
- Modeling (use of demonstrations)

What is the best way to motivate the applicant in completing their hygiene routine?

Personality and Interpersonal Relationships

Please check the items **that best** describe the applicant's personality:

- | | |
|--|---|
| <input type="checkbox"/> very talkative | <input type="checkbox"/> happy most of the time |
| <input type="checkbox"/> quiet | <input type="checkbox"/> sometimes get depressed or anxious |
| <input type="checkbox"/> take some time to open up to people | <input type="checkbox"/> can be moody sometimes |
| <input type="checkbox"/> like being around a lot of friends | <input type="checkbox"/> get angry a lot |
| <input type="checkbox"/> like to be by myself sometimes | <input type="checkbox"/> always able to see the bright side of everything |
| <input type="checkbox"/> get nervous when I am in large crowds | <input type="checkbox"/> know how to entertain myself |
| <input type="checkbox"/> find it easy to make friends | <input type="checkbox"/> prefer quiet environments |
| <input type="checkbox"/> like to go to parties | <input type="checkbox"/> not afraid to try new things |
| <input type="checkbox"/> would rather stay home and watch a movie or tv show | |

Handling Criticism/Stress

Please indicate how the applicant reacts:

Resistive/argumentative

Accept criticism/do not change
behavior

Withdraw into silence

Accept criticism/change behavior

Specifics/Comments:

What event/activities makes the applicant feel upset?

What is the best way for the applicant to cope when they are upset?

Does the applicant have any fears or phobias? Do these fears or phobias interfere with daily activities in their life?

How well does the applicant generally get along with others?

If the applicant has mood swings, what is the best way to help them?

There may be moments where there is downtime or alone time for applicants. How does the applicant handle unstructured time? Please describe what they do with free choice time at home.

Do you, as the parent/guardian completing this application, have any concerns about your applicant and technology? Will they be able to use their phones during appropriate times and keep it away when it is not?

Please provide additional insight into the applicant's personality and the way they interact with others that would be helpful for LIFE Experience staff in assisting them with socialization skills training activities and facilitating friendships:

Financial Aid

The cost for one four-week session of LIFE is \$4,300. How does the applicant and applicant's caregiver plan to pay? Please include as much information as possible on the funding.

Personal Recommendation Form

Please have an individual (not the person assisting the applicant complete this application) complete this recommendation. Preferably, someone who can speak on the applicant's desire to live independently.

Applicant Information:

Name: _____

About the person writing the recommendation:

Name/Credentials: _____

Phone Number: _____

Email: _____

Occupation: _____

Relationship to Applicant: _____

I have known the applicant for: _____

Please use a separate sheet of paper to discuss the following questions:

1. Describe your relationship with the applicant.
2. Describe why you feel the applicant would benefit from an independent living program/the Summer LIFE program.
3. Describe the applicant's desire to live and be independent.

Please keep the letter of recommendation to one (1) page in length. Return this letter of recommendation in a sealed envelope to the applicant to include with their application.

Video Instructions and Email Confirmation

We are so excited you and your family are applying to the Summer LIFE 2022 program! To help to get to know the applicant better, you will be asked to submit a short video of no more than 5 minutes to the LIFE Program Coordinator. Instructions on how to submit and complete will be emailed after we have received the applicant's application.

To assist, these are the main questions we would like the applicant to complete within the video. If the applicant needs support either through someone interpreting, repeating, or speaking on the applicant's behalf, this is acceptable. We welcome any and all creativity with these videos! They do not have to be professionally made--a video from a cell phone camera is fine.

1. Applicant's name, age, and hobbies and/or current job
2. What is the applicant interested in and love to do?
3. Why does the applicant want to go to the Summer LIFE program?
4. What does it mean to the applicant to be independent?
5. Anything else you feel the LIFE Program should know.

Please confirm the email that will receive information on the video submission:

Please Read and Sign

I understand that this application is for admission to The Arc Jacksonville LIFE Experience program and acceptance is conditional upon receiving evidence to confirm the information in this document, as well as information provided through the interview process. By signing this document, I am certifying that the information given is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of admission. If admitted, I hereby agree to abide by the policies, rules, and regulations of The Arc Jacksonville LIFE Experience. Should any of the information change prior to my enrollment in the program, I shall notify LIFE Experience.

Applicant's Signature_____

Date_____

Parent/Guardian's Signature_____

Date_____

Ensure that all sections have been completed. Failure to complete all application sections and to provide the required non-refundable application fee may result in delayed review of application and/or non-acceptance.

Application Fee:

- Please enclose a **non-refundable application fee of \$25** with your application.
- Please make your check or money order payable to: **The Arc Jacksonville**
- Please indicate in the “Memo” section: **LIFE Experience Application- Applicant’s Name**
- Please send the LIFE Experience application and fee to:

**The Arc Jacksonville
ATTN: Scott Holt – LIFE Experience
1050 North Davis Street
Jacksonville, FL 32209**

ACKNOWLEDGEMENT, INDEMNITY, WAIVER and RELEASE OF LIABILITY FOR PARTICIPATION in the LIFE Experience through The ARC JACKSONVILLE

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

Applicant Name: : _____
Last First MI

Gender: _____

Date of Birth: _____

Parent/Guardian: _____
Last First MI

Legal Guardianship? *Please circle:* Yes No If yes, what type?

Permanent Address _____

City & State _____ Zip _____

Telephone:

Home: _____

Work: _____

Cell: _____

Emergency Contact during LIFE Session

If there is an emergency during the LIFE session, who would be the first person to come **in person** (to Jacksonville) to assist? Please list their information.

Contact name: _____

Cell phone number: _____

Home number (if different): _____

Work number: _____

Relationship: Mother Father Both Foster Parent Group Home

Other _____

I intend for my applicant to enroll in the LIFE Experience program through The Arc Jacksonville Academy (AJA), which permits adults with developmental disabilities to obtain an independent living experience. The LIFE Experience program will be located at Frassati Newman Hall (address 11291 Alumni Hall Jacksonville FL 32246), and applicants will live in Frassati Newman apartments with up to two other applicants and one independent living mentor (ILM). The LIFE Experience consists of the following types of activities and/or risks for my applicant: use of public and private transportation, participation in learning and social experiences with LIFE Experience staff; and other activities and experiences customarily associated with an individual learning independence skills training in an off-campus applicant housing setting and interacting with others in the community.

I acknowledge that I must thoroughly read and understand the information contained in this Acknowledgement, Indemnity, Waiver and Release of Liability and provide authorization for my applicant to enroll in LIFE Experience. I further acknowledge and agree that LIFE Experience may involve risk of serious bodily injury including loss of life, property damage and other hazards which may result from my applicant's involvement in LIFE Experience.

I acknowledge and agree that my applicant is required to act in a responsible and appropriate manner at all times during LIFE Experience and further acknowledge and agree that I will be held responsible for my applicant's behavior. If circumstances regarding my applicant's behavior and/or medical condition are beyond the scope of the program's expertise, I understand that my applicant will be expelled from the program and that any program costs I incurred will not be returned to me by The Arc Jacksonville.

Initials: _____

I acknowledge and agree that my applicant must observe all state and local laws, Frassati Newman Hall and LIFE Experience applicant codes of conduct, regulations and policies, including those concerning alcohol/drug use and weapons. I further acknowledge and agree that in the event that if I, or my applicant have any questions regarding the applicability of LIFE Experience and/or Frassati Newman Hall regulations and laws, it is my or my applicant's responsibility to make any necessary inquiries to the LIFE Experience coordinator. Additionally, I acknowledge and agree

that my applicant must observe and comply with the specific rules and conditions developed for participation in LIFE Experience.

Initials: _____

I acknowledge and agree that it is my obligation to make any necessary inquiries to the LIFE Experience coordinator regarding my applicant's ability, physically or otherwise, to safely participate in the program and that, prior to executing this Release, I have been provided the opportunity to inquire and discuss the possible risks and hazards to my applicant resulting from his/her participating in LIFE Experience. Any questions I had regarding my applicant's ability to participate in LIFE Experience have been answered to my satisfaction, and I have received sufficient information to make a sound and voluntary decision regarding my applicant's involvement in LIFE Experience.

Initials: _____

In exchange for The Arc Jacksonville allowing my applicant's involvement in LIFE Experience, I give The Arc Jacksonville and _____ the right and permission to record his/her participation and appearance on videotape, audiotape, film, photographs, or any other medium and to use his/her name, likeness, voice and biographical information in connection with these recordings. The Arc Jacksonville and _____ may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which The Arc Jacksonville and _____ and their employees deem appropriate. All such recordings shall be the property of The Arc Jacksonville and _____.

Initials: _____

Please pay particular attention to paragraphs 5(a) through 5(c) regarding your risk liability:

- a. In exchange for The Arc Jacksonville and Frassati Newman Hall making arrangements for permitting my applicant and assisting him/her in participating in LIFE Experience, I hereby assume all risks of my applicant's involvement in LIFE Experience. Risks include, but are not limited to, transportation risks, risks of participation in the various

components of LIFE Experience, and all risks related to any physical or other condition from which my applicant may suffer. I acknowledge that personal accident/health insurance for my applicant is not provided, and I assume personal and financial responsibility for any medical care and treatment my applicant may require as the result of participating in LIFE Experience.

- b. I acknowledge and agree that there will not be medical personnel at the specific location of LIFE Experience. I further acknowledge and agree that The Arc Jacksonville and Frassati Newman Hall has been granted permission to authorize emergency medical treatment for my applicant, if necessary, and that such action is subject to the terms of this Release.
- c. In exchange for The Arc Jacksonville allowing my applicant to be involved in LIFE Experience and having reviewed and agreed to all acknowledgements listed in paragraphs 1 through 5(b) of this Release as detailed above, I, on behalf of my applicant, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of my applicant's involvement in LIFE Experience. I release and forever discharge and covenant not to sue The Arc Jacksonville (including The Arc Jacksonville Academy and all of its officers, agents, and employees), Board of Trustees, the Florida Board of Governors, the State of Florida, their officers, agents, employees, specifically including those working under the direction of the LIFE Experience ("Releases") from and against any all liability for any and all claims, demands, actions, causes of action of whatever kind of nature, costs, and expenses of any nature, including attorneys' fees ("Claims") that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss, that may be sustained by my applicant, whether caused by his/her action or negligence or the action or negligence of releases or third parties in connection with The Arc Jacksonville. I also agree not to sue Releasees or Arc Jacksonville representatives/employees in connection with any such harm, loss, damage or injury. I agree to indemnify and hold Releasees harmless from and against all claims asserted against any of the Releasees by any entity based upon my applicant's involvement in LIFE Experience.

Initials: _____

I acknowledge and agree that should any provision or aspect of this Release be found to be unenforceable, all remaining provisions of this Release will remain in full force and effect. Further, I acknowledge and agree that this Release shall be construed pursuant to the laws of the State of Florida and that the venue for any legal proceeding concerning this Release shall be in Jacksonville, Duval County, Florida.

Initials: _____

I acknowledge, understand and agree that all rooming is done with the intent to only provide the best roommate relationships possible with the limited knowledge through applicant applications. LIFE Experience and The Arc of Jacksonville are not required to make any roommate changes or take any requests once the LIFE Experience begins. Under no circumstances shall applicants change their own room assignments. Residents who choose to make room changes on their own will face fines and fees. LIFE Experience will do everything possible to rectify an unpleasant roommate relationship through peer mentoring, team building, and peer-to-peer counseling.

Initials: _____

I acknowledge, understand and agree that some program applicants and/or apartment roommates may have different religions, disability affects, cultures, sexual orientation, and/or value systems. LIFE Experience and Arc Jacksonville does not support, cater to, or instill any of these above mentioned self-identifications upon any applicant.

Initials: _____

I also acknowledge, understand and agree that Life experience policy states that staff cannot enforce applicant's attendance to requested religious services and cannot enforce political or personal values unto applicants upon parental request.

Initials: _____

I have read, understand, and acknowledge that through initialing each of the nine (9) sections above in this Release that I acknowledge the terms of this Release and that I and my applicant must comply with the information and directions as described above and intend to be bound by the terms contained in this release and that I have voluntarily executed the Release.

Dated this _____ day of _____, 20__.

Parent or Guardian's Signature

Applicant of LIFE Experience (if able)