Total Life Project
Application Form

Dear Prospective Applicant:

Thank you for your interest in the Total Life Project. As you complete the application, please answer the questions fully, providing details and examples wherever possible. Please use extra sheets of paper if necessary. The information you provide will be shared with members of the review panel to help determine admission. You may be called in for an interview as part of the selection process.

Total Life is a transition program for young adults. Participant enrollment can vary from six months to two years. Applicants therefore will be accepted on a rolling admissions basis. Your application will be kept on file for two years unless you request that your file be removed.

If you have any questions or need help completing this application, please contact Debbie Bain at (302) 831-6974, or email dbain@udel.edu

Please mail your completed application to:

University of Delaware
Center for Disabilities Studies
461 Wyoming Road
Newark, DE 19716
Attn: TOTAL LIFE PROJECT
Fax: (302) 831-0350
 dbain@udel.edu

Note: All Total Life documents are available in alternate format upon request.
Total Life Project
Application Form

GENERAL INFORMATION

Name: ________________________________________________________________
Current Address: ________________________________________________________
______________________________________________________________________
Home Phone: (     ) Work Phone: (     ) ______________________
Cell Phone: (     ) _______________ Email address: _________________________
Date of birth: __________________________________________________________________________
Are you your own legal guardian? (Circle one) Yes  No  Not Sure
If No, please provide the name of your guardian: ______________________________
Relationship: ___________________________________________________________
Address: __________________________________________________________________________
______________________________________________________________________
Phone: (___) _________________ email: _________________________________

HISTORY OF LIVING SITUATION

Review each of the living situations listed below. Please check (✓) those places you have lived in and indicate for how long.

<table>
<thead>
<tr>
<th>Check (✓) if yes</th>
<th>Living Situation</th>
<th>How long?</th>
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<tbody>
<tr>
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<td>With parents</td>
<td></td>
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<td></td>
<td>With other relatives</td>
<td></td>
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<td></td>
<td>Alone</td>
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<tr>
<td></td>
<td>With roommates</td>
<td></td>
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<tr>
<td></td>
<td>Group home in community</td>
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<td></td>
<td>DDDS residential facility</td>
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<tr>
<td></td>
<td>Nursing Home</td>
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<td></td>
<td>Assisted living</td>
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<td></td>
<td>Other (please specify)</td>
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</table>
What is your current living situation? ________________________________________________

Have you ever lived independently? (Circle one) Yes  No  Not Sure

a. If so, what was that like for you?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

b. What are your plans/goals for your future with regards to your living situation?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please go on to the next page ......
**EMPLOYMENT/VOLUNTEERISM/SCHOOL EXPERIENCES**

List your most recent job, volunteer work and school experiences. (Examples include, but are not limited to: civic groups, church groups, clubs, and sports)

<table>
<thead>
<tr>
<th>Name of business, organization, school or group</th>
<th>Length of involvement (you may give date range)</th>
<th>Type of experience (circle one)</th>
<th>Your involvement, responsibilities (include hours/week)</th>
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<tr>
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<td>School Volunteer Employment</td>
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<td>School Volunteer Employment</td>
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</table>

a. What are your plans or goals for future education, employment and/or volunteering?

_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
**SUPPORTS & SERVICES**

a. Describe your disability and how it affects your daily life.

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

b. What kinds of transportation do you currently use?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

c. What types of assistive technology/medical equipment do you use and describe how each device/technology helps you.

<table>
<thead>
<tr>
<th>Assistive Technology/Medical Equipment</th>
<th>How the device/technology helps you?</th>
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</table>
d. Who helps/supports you with your everyday needs? (Examples may include: family members, friends, agency staff). What do
they do? (Examples include, but are not limited to: case management, supported living, companionship services, personal
attendant services, skilled nursing care, physical therapy, speech/language therapy.) If you need more space, you may make
copies of this form.

<table>
<thead>
<tr>
<th>Who supports you?</th>
<th>What do they do?</th>
<th>Hours/week?</th>
<th>Are they paid? (circle one)</th>
<th>Could they help you at Total Life?</th>
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<td></td>
<td></td>
<td>Paid</td>
<td>Paid</td>
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<td>Not sure</td>
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**Note:** The Total Life Program will not provide skilled nursing care, group or individual therapy of any kind, chemical dependency
treatment or therapeutic services for acute or severe mental illness. Arrangements may be made for those services through state
agencies or private pay. Total Life staff will not be able to provide personal care for participants, however, participants are
welcome to make arrangements for their own personal attendants.

For more information, please refer to the **“Total Life Services and Supports”** sheet.
**MEDICAL**

a. Do you currently have medical insurance?  **Yes**  **No**  
b. What type of medical insurance/ coverage do you currently have?  

Note: *In order to participate in Total Life, documentation of medical insurance is required.*

**ALL ABOUT ME**

Please answer the following questions completely. You may use additional sheets of paper if needed.

a. Things that I enjoy doing are…

b. In the community, I’m involved in…

c. I advocated for myself when…

d. I am interested in participating in the Total Life Project because…

e. Independent living means…
f. What people like or admire about me…
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

g. In 5 years, I hope…
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

VERIFICATION AND SIGNATURE

I have completed this application to the best of my knowledge and all information is accurate.

Signature: ______________________________ Date: ________________

Name of person helping me complete this application (if any):
______________________________________________________________________

Relationship to Applicant: _________________________________________________

Phone/email contact Information: __________________________________________

Please mail this form to:

University of Delaware
Center for Disabilities Studies
461 Wyoming Road
Newark, DE 19716
Attn: TOTAL LIFE PROJECT

Questions ??? Contact Debbie Bain
(302) 831-8733
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