

Post High School Program Application Packet

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Post High School Program Partnership Project

Washington School for the Deaf (WSD)
Center for Childhood Deafness & Hearing Loss (CDHL)
611 Grand Blvd, Vancouver, WA 98661
(360) 696-6525 (V/TTY) / (800) 613-4228 / www.wsd.wa.gov
Division of Vocational Rehabilitation (DVR)

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PARTICIPANT INFORMATION

STUDENT INFORMATION	PLEASE CIRCLE ONE THAT APPLIES:			
	<i>Are you:</i> ASL User Hard of Hearing Oral with sign Oral without sign			
	STUDENT'S NAME LAST		FIRST	MIDDLE
	ADDRESS STREET		CITY	STATE/ZIP
	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	EMAIL/PAGER ADDRESS	
	BIRTHDATE	AGE	GENDER	COUNTY OF RESIDENCE
EMERGENCY CONTACT	NAME	RELATIONSHIP	PHONE NUMBER	

BACKGROUND INFORMATION	PLEASE PLACE AN 'X' NEXT TO THE AREAS YOU NEED HELP WITH			
	<input type="checkbox"/>	Balancing a checkbook/Budgeting Money	<input type="checkbox"/>	Using public transportation
	<input type="checkbox"/>	Paying bills (rent, heat, water, garbage)	<input type="checkbox"/>	Buying a car
	<input type="checkbox"/>	Looking for a job	<input type="checkbox"/>	Taxes
	<input type="checkbox"/>	Applying for a job	<input type="checkbox"/>	Organizational skills
	<input type="checkbox"/>	Grocery shopping	<input type="checkbox"/>	Social Skills
	<input type="checkbox"/>	Cooking/preparing meals	<input type="checkbox"/>	Self Advocacy
		Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If no, do you have a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Permanent Resident Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Green Card/Student Visa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Are you certified in CPR/First Aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Do you have a food handler's card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Do you have a DVR Counselor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, name of DVR Counselor and telephone number: _____				
Check Program (s) you may be interested in: _____ Community College _____ Vocational/Technical _____ Work Experience				

EDUCATION/Release of Information

High School Attended _____

Address _____

Phone Number _____

High School Graduate YES_____ NO_____

Please attach copy of transcript

GED YES_____ NO_____

Please attach copy of certificate

IEP Transition YES_____ NO_____

Release of Information:

I authorize the above listed school(s) agencies to release any academic, behavior, psychological and medical information. **All information shared will be treated in a confidential manner.**

Signature _____ Date _____

PLEASE SEND REQUESTED INFORMATION TO:

Dan Crady--Post High School Coordinator

Washington School for the Deaf

611 Grand Boulevard

Vancouver, WA 98661

Fax: (360) 696-6291 Office: (360) 696-6525

QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Why do you want to join the Post High School Program?

2. What are two goals you have for your future?

(A)

(B)

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY	1. PRESENT OR LAST EMPLOYER		EMPLOYER'S ADDRESS
	EMPLOYER'S PHONE NUMBER	YOUR TITLE	MONTHS & YEARS EMPLOYED IN THIS POSITION FROM ____/____ TO ____/____
	TOTAL MONTHS EMPLOYED	AVERAGE HOURS/WEEK	IMMEDIATE SUPERVISOR'S NAME
	REASON FOR LEAVING		VOLUNTEER POSITION (YES/NO)
	SPECIFIC DUTIES: _____ _____ _____ _____		
	2. PREVIOUS EMPLOYER		EMPLOYER'S ADDRESS
	EMPLOYER'S PHONE NUMBER	YOUR TITLE	MONTHS & YEARS EMPLOYED IN THIS POSITION FROM ____/____ TO ____/____
	TOTAL MONTHS EMPLOYED	AVERAGE HOURS/WEEK	IMMEDIATE SUPERVISOR'S NAME
	REASON FOR LEAVING		VOLUNTEER POSITION (YES/NO)
	SPECIFIC DUTIES: _____ _____ _____ _____		
List any certificates received _____			
<p>List any other non-paid work experience or volunteer positions:</p> <p>_____</p> <p>_____</p> <p>PLEASE LIST THE TYPES OF JOBS YOU ARE INTERESTED IN:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>			

REFERENCES

List three references that are not relatives or close friends. Teachers, employers, supervisors and/or group leaders are preferred. Be sure to inform your references they may be receiving a call.

REFERENCES	REFERENCE ONE			
	NAME	LAST	FIRST	RELATIONSHIP
	ADDRESS	STREET	CITY	STATE/ZIP
	HOME PHONE NUMBER	WORK PHONE NUMBER	CELLULAR PHONE NUMBER	
	EMAIL/PAGER ADDRESS			
	REFERENCE TWO			
	NAME	LAST	FIRST	RELATIONSHIP
	ADDRESS	STREET	CITY	STATE/ZIP
	HOME PHONE NUMBER	WORK PHONE NUMBER	CELLULAR PHONE NUMBER	
	EMAIL/PAGER ADDRESS			
	REFERENCE THREE			
	NAME	LAST	FIRST	RELATIONSHIP
	ADDRESS	STREET	CITY	STATE/ZIP
	HOME PHONE NUMBER	WORK PHONE NUMBER	CELLULAR PHONE NUMBER	
	EMAIL/PAGER ADDRESS			

VEHICLE REGISTRATION FORM

(PRIMARY VEHICLE)			
<i>NAME AS IT APPEARS ON YOUR LICENSE</i>			
LAST	FIRST	MIDDLE	
MAKE	MODEL	COLOR	YEAR
LICENSE PLATE #	INSURANCE COMPANY	AGENT NAME/PHONE NUMBER	
(ALTERNATE VEHICLE #1)			
MAKE	MODEL	COLOR	YEAR
LICENSE PLATE #	INSURANCE COMPANY	AGENT NAME/PHONE NUMBER	
(ALTERNATE VEHICLE #2)			
MAKE	MODEL	COLOR	YEAR
LICENSE PLATE #	INSURANCE COMPANY	AGENT NAME/PHONE NUMBER	

Attach a copy of the following for our records
 Automobile Insurance Card
 Driver's License

(OFFICE USE ONLY)	
Primary Vehicle Identification Tag #	_____
Alternate Vehicle #1 Identification Tag #	_____
Alternate Vehicle #2 Identification Tag #	_____

DISCLOSURE STATEMENT

This disclosure statement shall be completed and signed prior to acceptance into the Post High School Program at the Washington School for the Deaf.

1. Have you ever been charged/adjudicated for violent offenses? If yes, what for? _____ when? _____ By which police department _____	_____ YES _____ NO	_____ YES _____ NO
2. Have you been charged/arrested/adjudicated for any sexual offenses? If yes, what for? _____ when? _____	_____ YES _____ NO	_____ YES _____ NO
3. Are you a registered sex offender? If yes, what state? _____ what county? _____	_____ YES _____ NO	_____ YES _____ NO
4. Have you ever been suspended from school? If yes, why? _____ when? _____ Where? (school name) _____	_____ YES _____ NO	_____ YES _____ NO
5. Have you ever been expelled from school? If yes, why? _____ when? _____ Where? (school name) _____	_____ YES _____ NO	_____ YES _____ NO
6. Have you in the past or are you currently receiving Mental Health services? If yes, what for? _____ Name of agency/clinic _____	_____ YES _____ NO	_____ YES _____ NO
7. Have you ever tried to harm yourself? If yes, when? _____ What was the outcome? _____	_____ YES _____ NO	_____ YES _____ NO
8. Do you have a history of drugs or alcohol abuse? If yes, what kind? _____ How often? _____	_____ YES _____ NO	_____ YES _____ NO
9. Have you ever been involved with Child Protective Services (CPS)? If yes, explain _____	_____ YES _____ NO	_____ YES _____ NO
10. Do you have any ongoing needs related to severe emotional, behavioral or mental disorder? If yes, explain _____	_____ YES _____ NO	_____ YES _____ NO
11. Do you have a psychiatric diagnosis by a psychiatrist or a provisional/suspected diagnosis by a mental health therapist? If yes, explain _____	_____ YES _____ NO	_____ YES _____ NO
12. Do you need any special accommodations? If yes, explain _____	_____ YES _____ NO	_____ YES _____ NO

I authorize the Washington School for the Deaf to conduct a background check on me. I certify under penalty of perjury, under the laws of the State of Washington that the above information is true and correct.

_____/_____
 Date of Birth Social Security Number

 Maiden Name of other aliases used

 Print Full Name

 Signature

 Date

 Place signed (city/state)

ITEMS TO BRING

WARDROBE	<ul style="list-style-type: none">* Work clothes, regular clothes* Professional clothes<ul style="list-style-type: none">Males - slacks, button down shirts, ties, nice shoesFemales - dress, pantsuit, nice shoes* Tennis shoes, shoes for work* Coat, Rain Coat, Umbrella* Swimsuit* Pajamas/robe
PERSONAL SUPPLIES	<ul style="list-style-type: none">* Alarm clock* Toothbrush, toothpaste, and other dental needsShampooDeodorant* Feminine hygiene items* Comb/brush* Hand/body soap* Laundry soap/dryer sheetsLaundry basket
PERSONAL SUPPLIES	<ul style="list-style-type: none">* One ream of 500 count white paper* Pack of 10 pens (Black), pack of #2 pencils* (1) 3-ring binder, (2) spiral notebooks* Pack of #2 pencils* Calculator* Notebook paper (college ruled),