



Transition Academy
At A New Leaf

Admissions Inquiry Application



TRANSITION ACADEMY

*“Mentor, Model, Motivate towards
Independent Living and Workforce Success”*

Interested? LET US KNOW!

If you, or someone you know, would like to learn more about the Transition Academy Program. Complete and submit the form, and a Transition Academy Program staff will reach out to help you navigate through the application/enrollment process. We do not have enrollment deadlines, meaning application submission is year-round.

The Academy

A New Leaf Transition Academy is a two-year transitory residential, vocational training and job placement program for individuals with a development disability (I/DD) and or Autism, who desire to live and work independently. This is not a self-paced program and A New Leaf is a strong advocate for individuals with developmental disabilities. Creating a seamless transition of services through developing, nurturing, exploring essential/critical skills that support self-sufficiency for I/DD and/or Autism. An A New Leaf student will have the opportunity to actively maximize their mental and physical competencies for a vibrant, healthy, and sustainable pathway of independent living through A New Leaf's Academy Curriculum.

***WHO ARE YOU SUBMITTING FOR?**

- I am submitting this information for my son/daughter and have confirmed his/her interest in applying to A New Leaf Transition Academy.
- I am submitting this information for someone for whom I hold legal guardianship; and have confirmed his/her interest in applying to A New Leaf Transition Academy.
- I am an adult age 18 or older who is interested in the success of an individual I know; and have confirmed his/her interest in applying to A New Leaf Transition Academy.
- I am an employee/ advocate within the local workforce, DRS or other provider for highly functioning adults with developmental disabilities, who is referring an applicant for A New Leaf Transition Academy.
- I am submitting this application on behalf of myself. I have an interest in applying to A New Leaf Transition Academy.

***PERSONAL INFORMATION**

First Name	Middle Initial	Last Name

Birthdate (mm/dd/yyyy)

Birth Country

Gender

Social Security Number

*Medicaid #: _____ Funding Source: _____

*Current Medication List (attach or list):

*Allergies:

***ADDRESS**

Address *

Address line one (required)

Address line two (optional)

City *

State *

Zip Code *

*Parent(s)/ Guardian(s): _____

*Address: _____

*Phone: _____ Cell Phone: _____

*Email: _____

*Does the applicant currently have living arrangements? If yes or no, please explain.

*Does applicant have a criminal or juvenile court record? If yes, please explain.

***CONTACT PREFERENCES**

What is the preferred method of contact? Circle your preference.

*Phone or Email

Home:
Cell:
Work:
Email:
Alternate Contact Number:
Alternate Email:

***ABOUT THE APPLICANT**

How did you find out about A New Leaf Transition Academy?

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Which career field are you most interested in at this time?

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What career goals and life skills do you want to obtain?

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Are you aware that this is not a free program and that this it is a tuition-based life skills and career-readiness transition program? **YES or NO**

***Education:**

*High School Graduate: Yes or No | Year: _____ Name of School: _____

*Did or do you have an Individual Education Plan (IEP or IP)? Yes or No

*Did you have a Behavioral Plan? Yes or No

***Vocational Training:** Yes or No

_____ Years: _____ Agency: _____
Type

_____ Years: _____ Agency: _____
Type

_____ Years: _____ Agency: _____
Type

***College History:** Yes, list the college(s)/universities

***Work History:** Yes, list work experience

***What type of work do you/ applicant have an interest in doing?**

(Circle all that apply)

Gardening

Retail Sales

Greenhouse

Farming

Distribution

Deliveries

House Keeping

Jewelry Making

Marketing/Public Speaking Order Fulfillment

Receptionist/Filing/Office

Other: _____

*What are your/ applicant's strengths?

*What are your/ applicant's hobbies?

*What are your/applicant's challenges?

*Can you/applicant tolerate high temperatures? Yes or No

*Can you/applicant tolerate low temperatures? Yes or No

*If no, please explain:

*What type of support do you think you/applicant might need from A New Leaf to be successful in our program?

*Diagnosis: Primary _____ Secondary _____

***Please check all that apply to you/applicant – past & present: (this information does not disqualify you from ANL services)**

Autism Spectrum Disorder	Behavioral	Cerebral Palsy
Communication	Elopement/Wanderer	Developmental Disability
Downs Syndrome	Epilepsy	Fine Motor Skills
Hearing Impaired	Inappropriate Sexual Conduct	Intellectual Disability

Applicant Qualifying Criteria

- Must be 18 years of age or older.
- Must have been diagnosed as an individual with a developmental disability (I/DD and/or autism).
- Must be able to function without attendant care, specifically, must meet the following requirements:
 1. Can dress and bathe themselves without physical prompting
 2. Can complete personal hygiene tasks without physical prompting (i.e., brushing teeth, combing hair, applying deodorant)
 3. Can feed themselves without physical prompting
 4. Has independent lavatory skills and no nighttime enuresis
 5. No sleepwalking
 6. Can manage self-medication
- Completed high school (HSD), GED or a certificate from an accredited learning resource program.
- Provide assessments, psychological evaluations (IEP's) and medical records (from at least the past 5 years) indicating the applicant can reasonably be expected to succeed in the program; and that the program is educationally and developmentally appropriate for the applicant.
- No current or chronic history of arrest or probation, aggressive or threatening behaviors or history of inflicting harm to him/herself or others within the past 12 months.
- No current or chronic history of addiction or serious mental illness.
- Can articulate the desire to actively participate in the program, adhere to required curriculum and is motivated to live independently.
- Able to communicate wants, needs and discomfort and/or illness.
- No interfering behaviors that require intensive, one-on-one intervention.
- Give written consent to communicate with parents/guardians in addressing positive accomplishments and or issues that pose a threat to the Transition Academy.
- Possess self-help skills and be able to safely function in our transitional housing without direct supervision during non-programmed structured hours.
- Must agree to the timeframe of the program hours, to honor the Transition Academy rules and to participate in training and instruction during scheduled hours.
- Recognize that upon acceptance, as a student you will be in a 90-day probationary status.
- COVID-19 vaccination not required but highly recommended.
- Must be able to provide own medical coverage.

***Indicates Required Field.**

SUBMIT application to A New Leaf Transition Academy Program Director, nuceka.chatman@anewleaf.org. Via email, mail (2306 South 1st Place, Broken Arrow, Ok 74012) or fax (918) 451-0173.

*The academy operates on a quarter system-Fall (*September, October, November*), Winter (*December, January, February*), Spring (*March, April, May*) and Summer (*June, July, August*)

*Open enrollment/application submission -year round

*Application submission deadline is February 1st to start in July of 2022.

*Classes begin the first week of July 2022.

*Once a prospective student's application is reviewed. The parent(s) and/or guardian(s) or the applicant, will be notified if selected to move forward to next step of the enrollment/admission process.

*Completing and submitting the application, does not automatically guarantee the applicant is accepted to the A New Leaf Transition Academy.