

Dear Summer Program Applicant and Parent/Guardian,

We are excited to again be offering the Transition Club 2024, for youth with disabilities, in two different sessions. A number of significant changes have been made to the programs, so read carefully.

You must choose **EITHER** Session 1 or Session 2, by circling your choice at the top of the information page. You will not be allowed to enroll in both. Not specifying your choice will delay your application until we can contact you. This delay could cost you a place in the summer program session you want. **Interpreter services will only be provided in the Session 1.**

We hope to receive your application soon. We are now enrolling students year-round, so there is no need to delay reserving your students place. Please mail, email, drop-off or fax to the number below. Feel free to call or email me with further questions. We will be accepting 28 students in each session. **We fill up fast and slots will be filled on a FIRST COME, FIRST SERVE BASIS.**

Transition Club

The Transition Club is for students ages 14-21, who are returning to school in the fall. This program will focus on aspects of employment. Students will learn about social skills, dressing for success, and transportation on the bus or Trax to access community resources. Students will also learn how to write a resume, fill out a job application, interview, and how to be an effective self-advocate in an interactive and fun learning environment.

Session 1 dates: Starts June 10th and then is every day Monday through Thursday until July 3rd. Day Camp is July 3rd. Holiday for this session will be June 13th.

Session 2 dates: Starts July 8th and then is every day Monday thru Thursday until August 1st. Day Camp is August 1st. Holiday for this session will be July 24th.

We have received a grant through the Utah State Office of Rehabilitation, making this program **FREE**. USOR requires that we collect Social Security numbers from all students accepted in to this **FREE** program. Parents/guardians will be required to provide this information before the beginning of the program.

We prefer that a teacher sign and verify that your student qualifies for the program. No application will be accepted without this information. For applications that a teacher has not signed, one of the following is an acceptable alternative documentation:

1. Copy or verification of SSI/SSDI award.
2. Medical record or letter from medical or counseling professional.
3. Case note documenting counselor observation, review of school records, or statements from education staff.
4. Referral form from pre-employment services with the identification of a student's disability, signed by school staff and parent/guardian if the student is under the age of majority (18) in a State.
5. Copy of an individualized education program (IEP) document, SSA beneficiary award letter, school psychological assessment, documentation of a diagnosis or disability determination or documentation relating to 504 accommodations.

Kathy Self kself@uilc.org
Youth Program Director
(801) 466-5565 Ext. 211 Fax (801)466-2363

Utah Independent Living Center
3445 South Main Street
South Salt Lake, UT 84115

Session 1 6/10/24-7/3/24 2 7/8/24-8/1/24 Please circle your first choice. You will be notified if the session is full and given an opportunity to enroll your students in the other session until it is full.

Below are some questions to help staff members better serve your student. Information provided will be used to help us plan and organize classes.

Your student must be able to feed and bathroom themselves. You are responsible for transportation to and from the Center for your student.

1. Special Dietary Needs: No ____ Yes ____ If yes, please explain _____
 2. Please explain your student's disability, include whether or not your student uses a mobility device.

 3. Has your student been in the Summer Transition Club before? Yes ____ No ____ If yes, What year? _____
 4. What are your student's UTA skills? Can ride alone _____ Needs help _____
Do you want UTA training for your student before summer? _____
 5. Can your student follow simple directions? Yes ____ No ____ Please explain _____

 6. How does your student handle unfamiliar situations? Please explain _____

 7. Given the opportunity will your student wander/leave the group? _____
 8. Are there behavior characteristics that staff should be aware of? Examples include but are not limited to: defiance, violence, etc. _____

 9. What strengths/skills does your student possess? _____

 10. What would you like to see your student achieve from these classes? _____

- Other comments, concerns or accommodations your student will need to participate: _____

**Participants will be supervised on 1:7 staff to student ratio.
Please remember this as you are considering enrolling your student.**

**2024 Utah Independent Living Center
Utah Independent Living Center Summer Program
Permission Form**

I hereby give permission for _____ to participate in the Utah Independent Living Center's Summer Program. With this fully signed permission slip, I hereby release and discharge the Utah Independent Living Center and its employees from all liability, claims and /or demands for property damage, health and personal injury, which may arise from an accident, viruses, injury or illnesses while attending activities for the summer program, or being transported to and from these activities.

_____ Agree _____ Disagree

I agree to authorize the Utah Independent Living Center to take and utilize photographs, videos, or other audio-visual materials for its own use. These materials will be used for public awareness, public relations and fundraising. I also understand that I will not be compensated monetarily or otherwise for use by the UILC.

_____ Agree _____ Disagree

I agree to authorize the Utah Independent Living Center to take and utilize photographs, videos, or other audio-visual materials for creation of a Summer DVD that will be available to participants at the end of the program.

_____ Agree _____ Disagree

Parent/ Guardian Signature _____ Date: _____

Please print your name _____

In case of an emergency I can be contacted at the following number _____

Alternative emergency contact. Name _____ Number _____

Return application as soon as possible to:

Utah Independent Living Center
Mail Attn: Kathy Self, 3445 So. Main Street, SLC, Utah 84115
Email kself@uilc.org
Phone (801) 466-5565 Ext. 211 **Fax** (801) 466-2363



State of Utah
Department of Workforce Services
Office of Rehabilitation

PRE-EMPLOYMENT TRANSITION SERVICES PARTICIPATION FORM

Student Name: _____

DOB: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Gender: ☐ Male ☐ Female ☐ Does not wish to self-identify ☐ Not available

Race (Check all that apply):

☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander ☐ White

Ethnicity (Check one):

☐ Individual is Hispanic or Latino ☐ Individual is not Hispanic or Latino

To be completed by an educator, 504 coordinator, or other licensed professional

I, _____ verify that this student is a student at _____
and meets one of the following criteria:

- ☐ Individual is a student with a disability and has a section 504 plan.
- ☐ Individual is a student with a disability and has an IEP.
- ☐ Individual is a student with a disability who does not have a section 504 accommodation and is not receiving services on an IEP.

Teacher name/Current Grade: _____

/s/ _____

Signature and Title of School Personnel _____ Date _____

Estimated Date of Service(s): _____

NOTES (description Pre-ETS): _____

PROGRAM PARTICIPATION: I agree to participate in Pre-Employment Transition Services (Pre-ETS). These services may include activities at several locations: my school, a Utah State Office of Rehabilitation (USOR) office, employers participating in work-based learning experiences, and other off-site locations as agreed upon and arranged in advance with my Pre-ETS instructor or Pre-ETS Contracted Provider.

DECISION REVIEW: I understand that I may request a review of a decision regarding my Pre-ETS program, as provided by Administrative Rule R993-100 (USOR will provide a copy of the Rule upon request). I understand that I have 30 days from the date of the decision to submit a written request for review.

EQUAL OPPORTUNITY: I understand that services in this program are provided without regard to sex, race, age, religion, color, or national origin according to Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act. USOR also assures that no group of individuals will be excluded or found ineligible solely on the basis of type of disability.

Release of Information Exchange

To facilitate vocational rehabilitation pre-employment transition services, USOR and/or a USOR Pre-ETS contract provider may need to share information with other agencies and employers. Care will be taken by all agencies involved to release only that information which is required for effective and efficient implementation of services. Confidential information to be included in this interagency information exchange agreement may include: Educational, psychological, medical, social, and vocational information relevant to your needs to participate in services. This release will not be used for detailed medical or psychological information.

Agencies Share Access to Confidential Information

Utah State Office of Rehabilitation

Address: _____

Contact Person: _____

Phone: _____

Entity Name: _____

Address: _____

Contact Person: _____

Phone: _____

Utah State Board of Education School District

Address: _____

Contact Person: _____

Phone: _____

Entity Name: _____

Address: _____

Contact Person: _____

Phone: _____

I understand that my records are protected under State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in State and Federal regulations. I authorize the release and/or disclosure of information between the agencies listed above, with the restriction that the information cannot be passed on to any other person or entity/agency. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open vocational rehabilitation program(s). I understand I may revoke this consent at any time by sending written notification to the above listed agencies.

Student Signature: /s/ _____

Parent/Guardian Signature: /s/ _____

Staff Signature: /s/ _____ Date: _____

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Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

Safety Measures for Attending Utah Independent Living Center Summer Program 2024 and frequently asked questions:

The student's health and safety is the highest priority of the Utah Independent Living Center. We ask that if a student has any of the following symptoms, that the student is kept home until they are symptom free:

- Cough**
- Shortness of breath or difficulty breathing**
- Fever**
- Chills**
- Muscle pain**
- Headache**
- Sore throat**
- New loss of taste or smell**

Parents/guardians must provide a phone number where they can be reached as well as an alternate emergency contact, in case the student becomes ill or injured while at the Center.

Transportation:

Parents are responsible for transporting students to and from summer program each day. During the summer program students will be using public transportation and a reduced fare application is available below. Students are required to have a Farepay card, paratransit card or cash during the summer program. You can apply or read about it at <https://www.rideuta.com/Fares-And-Passes/Reduced-Fare>.

If you would like bus training for your student prior to the summer program please contact UTA's Travel Training team at 801-287-2275 or email traveltraining@rideuta.com

Cooking:

Thursdays we will learn hands-on cooking skills. All ingredients and expenses for the cooking classes will be covered by UILC. If you student would like to purchase a treat at the store they will be required to bring money/credit card. This is good practice for the students and I encourage parents to consider providing money for small purchases throughout the summer.

Food and Lunches:

Lunches from home will be required Mondays, Tuesdays and Wednesdays and may be kept in a communal refrigerator when we are at the Center. There may be occasional opportunities to eat at a fast food restaurant. If your student has food allergies or special food requirements make sure to list them on the application.

Other Outings will be scheduled as community opportunities become available, but could include:

- Deseret Industries Employment Center
- Grocery stores
- Vocational Rehabilitation
- Public housing