



Dear Summer Program Applicant and Parent/Guardian,

We will be offering a single UILC Summer Program session for 2027.

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 30 students. Students may attend a UILC Summer Program 3 times total.

We fill up fast and slots will be filled on a FIRST COME, FIRST SERVE BASIS

This program is for students that are able to bathroom and feed themselves independently and can manage a 5-1 student to staff ratio

The Summer Program is for students ages 16-22. This program will focus on aspects of employment and independent living skills. Students will learn about social skills, dressing for success, basic cooking skills, money management, filling out a job application, and how to be an effective self-advocate in an interactive and fun learning environment. All activities will be accessed using the UTA bus or Trax, teaching valuable transportation skills.

Dates:

Camp starts June 14th and then is every day Monday, Wednesday and Friday, 9:00am-2:00pm through August 6th

Day Camp is August 6th, 9:00am-7:00pm. Holidays for this session will fall on June 18th, July 5th, and July 23rd.

We are asking for a \$50 donation to offset the cost of the Summer Program. No students will be turned away for inability to pay. All activity and cooking day food costs will be covered by UILC and students will not be required to pay any additional fees.

The following pertains to the UILC intake only:

We would 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

Dates: Monday June 14th – August 6th 2027

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.

Pronouns ____she/her ____he/him ____they/them

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 Program 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.

**2027 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 video that will be available to participants at the end of the program.

_____ Agree _____ Disagree

I agree to authorize the Utah Independent Living Center to transport the participant in vehicles owned by the center as needed for activities and the end of program Camp Day.

_____ 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

ILP Target Date _____ Today's Date _____

UTAH INDEPENDENT LIVING CENTER

Summer Program 2027

First Name	Middle Name	Last Name	Date of Birth	Age
Address		County	City	State Zip
Email		Phone/Cell Phone		
Race: ☐ White ☐ Black/African American ☐ Native American or Alaskan Native				
☐ Asian ☐ Pacific Islander or Native Hawaiian ☐ Unknown				
Are you also Hispanic? Yes No		Gender: Female Male Pronouns: _____		
Grade in School: 7 8 9 10 11 12		Post School Name: _____		
Are you a current Vocational Rehabilitation (VR) client? Yes No				
If you are a current VR client, who is your VR counselor? _____				
Living Arrangement: Dependent with family/friends		Group Home Professional/Foster Parents		
What is your disability? _____				
What services do you need? _____				
What ADA accommodations do you need? _____				

I understand that assistance may be given by the Utah Independent Living Center for the purpose of assisting me to become independent. Although specific services or independence cannot be guaranteed by the Utah Independent Living Center or by myself, a reasonable amount of assistance will be given to me for that purpose if I am found eligible for services.

I understand information collected in this interview and in the subsequent development of my service record is necessary to establish eligibility for services and in the provision of services if I am found eligible. The Utah Independent Living Center will gather information from me personally or with my consent. Information from my service record will not be disclosed other than in the administration of my independent living program, unless my written approval has been obtained. I am aware of my rights concerning the release of information.

The Utah Independent Living Center makes no distinction in race, color, sex, age, gender identity, sexual orientation, creed, disability or national origin in the provision of services to individuals under the program. I understand that I may appeal discriminatory practices and that I have the right to appeal the decision of my service coordinator to his/her supervisor. My service coordinator will help me if problems of this nature arise. If additional assistance is needed, the Client Assistance Program (CAP) is available to act as an advisor and advocate. CAP can be reached by calling 1-800-662-9080.

Student Participation Statement

☐ Waiver Statement: I understand the purpose of a written Independent Living Plan, but at this time I am waiving participating in the plan development. I understand that I can request participating in an Independent Living Plan at any time.

☐ Participation Statement: I will participate in the development of an Independent Living Plan.

Consumer or Representative _____ Date: _____

IL Service Coordinator _____ Date: _____

Student Eligibility -

I verify that this student has a disability and is receiving services under IDEA or does/would qualify under 504.

Teacher: _____ Date: _____