

Office use only: Resource Consultant _____ Orientation Completed _____

North Fork VISION Home and Community Program Application

We are excited that you want to be part of the VISION Home and Community Program (HCP). Please complete the following application (one for each child) and send it to: VISION HCP, P.O. Box 636, Paonia, CO 81428. We will contact you prior to enrollment in August. The information from this application and conversations will be used to help you find an appropriate program or Resource Consultant. You will become officially enrolled in VISION HCP upon completion of a written agreement with a Resource Consultant and completion of the other enrollment forms. Until then, feel free to visit us and utilize our experience and our resource directories. For more information on our program you may also visit our website, www.nfvision.com.

Application Date _____ for _____ School Year

Learner's Name (w/middle) _____ Date of Birth _____

Grade Level _____

Parents'/Guardians' Name(s) 1 _____ 2. _____

Mailing Address: _____

Physical Address: _____

City/Zip _____

Phone: _____

OK to call at work? Y N Work Phone _____

Email (required) _____ This is our primary method of communication regarding important NF Vision information and dates. Please provide an address that will be checked weekly.

What did the learner do for school last year?

If learner attended a school, what school did he or she attend?

School Address (city, state) _____

The learner will be: _____ Full-time (360+ hours/semester) _____ Part-time (90+ hours/semester)

Who is involved in the learner's education?

What does the learner wish to accomplish by participating in VISION? What is the family expecting/desiring from the VISION experience?

Do you already have a Resource Consultant (RC) in mind? If not, what kind of personality traits in an RC would fit well with the learner and family?

Any siblings in the program?

The following information is required by the State of Colorado for students enrolled in public school. Therefore, the VISION HCP will be providing this information to the Delta County School District on our initial enrollment forms.

Is there an I.E.P. on file with another school or school district? Y/N _____

(Name of school or district)

Gender: Male ___ Female ___

Ethnic background _____

Does the learner have a physical handicap? Yes ___ No ___

Is the learner learning English as a second language? Yes ___ No ___

Does the learner have a current IEP (Individualized Education Plan) on file with the District?

Yes ___ No ___

Emergency Contact: Name _____ Relationship _____

Phone _____

Additional questions:

Will the learner need a computer? (We may have access to free computers) _____

Please indicate which NF Vision Orientation session you will be attending:

August 11 1-3PM _____

August 18 1-3PM _____

August 25 1-3PM _____