Application Overview:
The IPFW Bridges to Education and Careers Program (Bridges) is a collection of college campus and community-based programs for students with intellectual disabilities or autism.

Although Bridges provides many forms of support to students, Bridges students are expected to have the capacity to be independent and unsupervised both on campus and getting to and from campus. Additionally, students must be capable of doing college level work.

Applicants must:
- Be at least 18 years of age by the first day of class.
- Have a documented intellectual disability or autism spectrum disorder and high school students must have an IEP in place.
- Be working toward or have obtained a Certificate of Completion or diploma from high school.
- Agree that this will be the last year of student services provided in high school or have completed high school.
- Have the capacity to be independent and unsupervised while on campus.
- Meet eligibility requirements for Indiana Vocational Rehabilitation Services (VRS).
- Have transportation or the ability to travel independently.
- Have a good attendance and disciplinary record during his/her high school education.
- Visit the Bridges Program and staff on the IPFW campus prior to program start at least one time via city bus or anticipated mode of transportation if accepted into the program.

For questions or additional information contact the following:
- Suzanna Yuhasz, Bridges-Program Coordinator
  Yuhaszs@IPFW.edu
  Phone: 260-481-6592

- Julie Schrader, Bridges-Transition Program Coordinator
  schradej@ipfw.edu
  Phone: 260-481-6658

- Dr. John Niser, Bridges-Culinary Program
  Niserj@ipfw.edu
  Phone: 260-481-5496
**Application Instructions:**
It is recommended that the student, his/her teacher-of-record [TOR], and parents work collaboratively to complete this application form and send it to:

**Suzanna Yuhasz**  
**IPFW: Neff Hall, Room B50T**  
**2101 E. Coliseum Blvd.**  
**Fort Wayne, IN 46805**  
or  
**yuhaszs@ipfw.edu**

The following attachments must be included with the application:
- High School Transcript
- Current IEP or Summary of Performance
- Most recent Psychological Evaluation Report
- Relevant Assessment reports
- Disability Documentation

**Please be sure to maintain a copy of the application packet for your records.**

The student selection process for Bridges includes the following steps:

1. The Bridges Admissions Committee reviews the Bridges Student Application and attached documents.
2. The Bridges Program conducts admissions interview with the student and his/her parent(s)/guardian(s).
APPLICATION

Student Name: _____________________________   Birthdate: _________________ Age: ________
SS#:__________________________________ High School: ____________________________
Student Address: _________________________________________________________________
Student Phone(s):_______________________________________________________________
Student Email: _________________________________________________________________
Parent Name(s):________________________________________________________________
Parent Phone(s):________________________________________________________________
Parent Email: __________________________________________________________________________
Student’s Living Arrangement [i.e., family home, group home]:_________________________

Teacher-of-Record Name: ________________________ Phone: ____________________________

To be filled out by Student:
1. What is your career goal? (where would you like to work or what type of work would you like to do)

2. What is your community living goal? (in the future do you want to live with family, in a group home, independently, etc.)

3. Do you want to attend college and if so what would you like to study?
   ➢ What classes are you most interested in taking?
   ➢ If you would like a degree what type of degree do you want to work toward?
4. What are some of your hobbies or things you like to do for fun?

5. What is your employment history?
   [Answer below or attach a résumé that includes these details]
   - Place of employment:
   - Average hours worked per week:
   - Start date (month and year):
   - End date (month and year):
   - Summary of tasks performed:

   - Supports needed:

To be filled out by Parent or Teacher of Record:
6. In high school, did this student participate in general education classes, functional skills, or both?

7. What level of support does this student require when using public transportation? Can the student ride alone?

8. Please describe the level of support this student generally needs for daily activities?
9. Are there any of the following considerations we need to be aware of for safety and support purposes? Please check those that apply and then describe how it relates to meeting the student’s needs (be specific).

☐ Safety Needs/Considerations:

☐ Behavioral Issues:

☐ Means of Communication:

☐ Assistive Technology:

10. Does this student have:
   [A] Medicaid (for health care)? Yes No
   [B] Private Health Insurance? Yes No
   [C] A Medicaid Waiver [i.e., DD, Autism, Support Services...etc.]? Yes Which one? No

   OR

   Is this student on a Medicaid waiver wait list (completed an application)? Yes Application date (if known): No

   [D] An open case with VR? Yes** VR Counselor is: No
   **if yes: Has student chosen his/her adult agency?
   Yes: Adult agency employment provider is: No
11. Why do you think this student would benefit from Bridges to Education and Careers?

12. When is (or was) this student’s scheduled date of high school completion?
   - Name of School:
   - Graduation Year:
   - Certificate of Completion or diploma:
     - Type of diploma:

13. Required Attachments (NOTE: can be electronic attachments or hard copy):
   - ____ High School Transcript
   - ____ Current IEP
   - ____ Disability Documentation: Most recent Psychological Evaluation Report (if testing is more than 3 years old it is highly recommended to have this testing updated before submitting the student’s application)
   - ____ Other (please list if provided)

Student References
Please list 2-3 references outside of the student’s family we can contact for information (please include Teacher of Record as a reference.)

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Student Applicant’s Signature: __________________________________________________________

Signature of Parent: _________________________________________________________________