



330 South Greene Street Suite 303  
Greensboro, NC 27401  
336.288-8115  
[www.beyondacademics.org](http://www.beyondacademics.org)

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## APPLICATION PROCESS

1. This application packet includes:
  - Application Form
  - Skills Assessment Tool
  - List of Other Required Documents
2. A review of the application for eligibility is conducted by the Admissions Committee. Questions are resolved through conversation with the prospective student and his/her parent or legal guardian.
3. Prospective students must have a documented diagnosis of a Developmental Disability to be considered for admission. If a prospective student has not been assessed for service eligibility, the student is referred to a Developmental Disabilities Case Management agency for assessment.
4. Prior to full-time admission to Beyond Academics at UNCG, prospective students must have concluded their secondary education. Although certifications are not required, copies of any earned certificates should be attached to the application.
5. Two letters of recommendation from non-relatives are required. Student applicants should include letters from people who know their level of motivation to become as independent as possible and who have known the applicant for at least six months.
6. A personal interview is held with prospective students and their parents or legal guardian. The purpose of the interview is to confirm eligibility requirements and commitment from the student and parents/legal guardian for a two to four year individualized course of study.
7. If accepted into Beyond Academics, the student begins the Admissions/Enrollment Process. If enrollment is full, the student is added to the waiting list and assistance is offered, if needed, to connect to other potential service options.

Student	
Name:	Date of Birth:
Address:	
City:	State: Zip Code:
Home Phone:	
Day Phone:	Evening/Night Phone:
Email address:	
Parents	
Mother Name:	Day Phone: Evening/Night Phone:
Address:	
City:	State: Zip Code:
Father Name:	Day Phone: Evening/Night Phone:
Address:	
City:	State: Zip Code:
Mother Email Address:	Father Email Address:
Legal Guardian	
Do you have a legal guardian? ___No ___Yes:	
Name:	
Relationship to Applicant:	
Address:	
City:	State: Zip Code:
Day Phone:	Evening/Night Phone:
Email Address:	
I live with: ___my parent(s) ___other relatives ___in a group home ___on my own or with a roommate	
Other (describe):	

**SERVICE PROVIDER INFORMATION**

PLEASE ATTACH A PERSON-CENTERED PLAN WITH APPLICATION (completed within the past year)

Note: Your current service provider will not be contacted without your signed consent

Attached is my most recent Person-Centered Plan

I do not have a Person-Centered Plan. I have completed information on the following page.

Are you currently receiving CAP-MR/DD Services?  Yes  No

If Yes, Service(s):

Home/Community Support  Personal Care  Residential  Respite  Other:

Have you applied for CAP-MR/DD Services?  Yes  No  Waiting List  Not eligible

If you currently receive services, what is your current service provider agency?

Provider Agency Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you receiving Case Management Services?  Yes  No

Case Management Agency: \_\_\_\_\_

Case Management Agency Address: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**HEALTH INFORMATION:**

I currently take the following medications:

a. Dosage: Purpose:

b. Dosage: Purpose:

c. Dosage: Purpose:

d. Dosage: Purpose:

Do you need support managing your medication? \_\_\_ Yes \_\_\_ No  
If yes, what level?

Disability/Medical Diagnosis:

Behavioral Diagnosis:

Other Information About My Health and Disability:

**PERSON-CENTERED INFORMATION:** The below questions should be answered by the potential student with assistance only if needed

Long-Term Goals: How do you want your life to look within the next five years?

**Strengths:** What are you good at doing? What do people admire about you? What are your talents and gifts?

**Preferences:** What is important to you? What really matters in your life?

**Needs:** What would you like to change about your life? What is not working in your life?

Supports: What is important to you to be successful, healthy and safe?

**PROGRAM RELATED INFORMATION:** The below questions should be answered by the potential student with assistance only if needed

Why do you want to be in the Beyond Academics Program?

What do you look forward to in the Beyond Academics Program?

What fears do you have regarding the Beyond Academics Program?

What questions do you have about the program?

**FOR PARENTS OR LEGAL GUARDIAN TO COMPLETE:**

I am: \_\_\_ a parent of the applicant \_\_\_ a sibling \_\_\_ other relative \_\_\_ a non-related guardian

Why do you think this applicant (your son, daughter or other relation) is interested in the Beyond Academics Program?

What situations are upsetting to this person that we need to be aware of?  
(i.e. thunderstorms, dogs, loud noises, etc)

What are your concerns relating to the Beyond Academics Program?

What suggestions do you have for us regarding motivators for this applicant? For example, if s/he is hesitant to participate in their scheduled activities, what do you recommend?

What are three skills (priority) you like to see this person accomplish during the program? (be specific)

1.

2.

3.

Please check the most appropriate response(s) as it relates to this applicant:

When walking down the street, s/he will remain on the sidewalk:  
 only if someone walks beside him or her  
 with constant reminders  
 with occasional reminders  
 independently

When at a crosswalk, s/he will:  
 cross the street without regard to safety  
 wait for someone to tell them when to cross the street  
 cross the street by using safe street crossing skills

Upon waking in the morning, if s/he found that they were the only person awake in the apartment, s/he would:  
 leave the apartment without regard to safety  
 remain in the apartment and wait for someone to assist them  
 safely begin a daily routine in the apartment  
 call or wake someone to ask what to do next

How much supervision does this person need?

- Constant, s/he spends no time alone.
- Frequent, s/he is supervised most of the time but can spend brief periods alone.
- Occasional, s/he receives sporadic supervision but spends several consecutive hours alone.

Is the applicant able to take his or her own medications?

- Yes, takes his/her own medications without reminders
- Needs reminders to take medications but can take them without further assistance
- No, s/he is not able to take medications independently nor with reminders

Is this applicant able to perform personal care tasks including bathing, teeth brushing, combing hair, and dressing?

- Yes, s/he performs the above independently.
- S/he needs reminders to do these things but can do them independently.
- S/he is not able to perform: (circle any that s/he is not able to perform)
  - Bathing
  - Washing hair
  - Teeth brushing
  - Combing hair
  - Dressing
  - Other: \_\_\_\_\_

Other Comments Regarding Safety and Health: (Use the back of sheet or additional sheets, if needed)

Please check the response that best describes this applicant:

How dedicated is this person to the full four year Beyond Academics Program?

- Very dedicated. We expect that s/he will complete the full four-year program.
- Somewhat dedicated. We are a bit concerned about him or her remaining the full four years.
- Do not know. Because of disability related issues, it is difficult to tell what extent s/he understands about the full four-year program.

How dedicated are you, as a parent or legal guardian, to the full four year program?

- Very dedicated. I understand this is an intensive four year training program that includes an apartment lease and staff hiring.
- Somewhat dedicated. If my son or daughter asks to leave the program, I will support him or her.
- Not sure. This is a decision made by my son or daughter and I am not sure I support him or her.

Other comments regarding dedication: (Use back of sheet or additional sheets, if needed)

Is there anything else important to know about your son or daughter?

*Campus Safety Questions (Required for All Applicants)*

Your “yes” answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment. For the purpose of the following six questions, “crime” or “criminal charge” refers to any crime other than a traffic-related misdemeanor or infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related.

- a) Have you been convicted of a crime?  Yes  No
- b) Have you entered a plea of guilty, no contest, “*nolo contendere*,” or an Alford plea, or have you received a deferred prosecution or prayer for judgment continued, to a criminal charge?  Yes  No
- c) Have you otherwise accepted responsibility for the commission of a crime?  Yes  No
- d) Do you have any criminal charges pending against you?  Yes  No
- e) Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary sanction by any school, college, or university?  Yes  No
- f) If you have ever served in the military, did you receive any type of discharge other than an honorable discharge?  currently serving  never served  Yes  No

**If you answered “yes” to any of the six questions above, explain the circumstances on a separate sheet of paper.**

Furthermore, you must promptly notify the Office of Undergraduate Admissions in writing of any criminal charge; any disposition of a criminal charge; any school, college, or university disciplinary action against you; or any type of military discharge (other than an honorable discharge) that occurs at any time after you submit this application. Failure to do so will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature/Title

\_\_\_\_\_  
Date

**REQUIRED ATTACHMENTS:**

- Most current Person Centered Plan (within the last year)
- Signed forms: AUTHORIZATION TO RECEIVE HEALTH INFORMATION
- Skills Assessment Form
- 2 Letters of Recommendation from non-relatives  
(Please have references mailed directly to the Admissions Office)
- Recent Psychological Evaluation

Send Completed Application to:

Beyond Academics  
Admissions Office  
330 South Greene Street Suite 303  
Greensboro, NC 27401

336.288-8115  
emarshburn@beyondacademics.org



# Beyond Academics

## AUTHORIZATION TO RECEIVE HEALTH INFORMATION

Client Name:

Record #:

Medicaid #:

DOB:

I request and authorize:

\_\_\_\_\_ *Person/agency* \_\_\_\_\_ *address* \_\_\_\_\_ *phone #*

to share the specified health information in my records with Beyond Academics, 330 S Greene St. Suite 303, Greensboro, NC 27401. (Fax: 336-288-8127)

This consent to share information is (initial box):  reciprocal  to disclose only  to receive only

Information to be received from \_\_\_\_\_ is indicated below by my initials next to each item...

\_\_\_\_\_ x Admission /screening /discharge summaries      \_\_\_\_\_ Financial reimbursement  
\_\_\_\_\_ x Psychiatric/psychological evaluations      \_\_\_\_\_ x Medication/health information  
\_\_\_\_\_ x Educational information i.e. IEP/behavior plan      \_\_\_\_\_ x Verbal exchange  
\_\_\_\_\_ x Diagnostic tools i.e. SNAP/IPRS      \_\_\_\_\_ x Guardianship information  
\_\_\_\_\_ x Person Centered plan      \_\_\_\_\_ x MR2  
\_\_\_\_\_ Other: \_\_\_\_\_

Information to be released by Beyond Academics is indicated below by my initials next to each item.

\_\_\_\_\_ x Admission/Discharge summaries      \_\_\_\_\_ x Progress summaries      \_\_\_\_\_ x Information related to goals  
\_\_\_\_\_ x Info related to health and safety      \_\_\_\_\_ Financial  
\_\_\_\_\_ Other: \_\_\_\_\_

For the purpose of: \_\_\_\_\_ x Service Delivery      \_\_\_\_\_ x Client request      \_\_\_\_\_ Legal      \_\_\_\_\_ x Referral  
\_\_\_\_\_ Benefits Maintenance      \_\_\_\_\_ x Coordination of services      \_\_\_\_\_ x Maintaining student's health and safety  
\_\_\_\_\_ Other: \_\_\_\_\_

Expiration Date : \_\_\_\_\_ ( not to exceed one year) Revoked on: \_\_\_\_\_ *Staff Signature*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Beyond Academics

## AUTHORIZATION TO RECEIVE HEALTH INFORMATION

\_\_\_\_\_ x I understand that this information is released and protected by the HIPPA Privacy Law (45 C.F.R., parts 160 and 164); the Federal Confidentiality Law (42 C.F.R., part 2); and the North Carolina Confidentiality Law (G.S., 122-C). The doctrine of informed consent has been explained to me, and I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled, but not to exceed one year. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

\_\_\_\_\_ x I understand that the health information used and disclosed may include information such as alcohol abuse, drug abuse, psychological or psychiatric conditions.

\_\_\_\_\_ x REDISCLOSURE: Once information is disclosed pursuant to this signed authorization, I understand that the federal health privacy law (45 C.F.R. Part 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from re-disclosing it. Other laws, however, may prohibit re-disclosure. When this agency discloses mental health and developmental disabilities information protected by state law (G.S. 122C) or substance abuse treatment information protected by federal law (42 C.F.R. Part 2), we must inform the recipient of the information that re-disclosure is prohibited except as permitted or required by these two laws. Our Notice of Privacy Practices describes the circumstance where disclosure is permitted or required by these laws.

\_\_\_\_\_ x NOTICE OF VOLUNTARINESS: I understand that signing this form is completely voluntary and that I have the right to refuse signature. If I choose not to sign this form, I understand that Beyond Academics cannot deny or refuse to provide treatment, payment, enrollment in health plan, or eligibility for benefits on my refusal to sign.

\_\_\_\_\_ x I authorize the release of information regarding HIV or AIDS related conditions  Yes  No

\_\_\_\_\_ x I was offered a copy of this release form and  received this copy on \_\_\_\_\_  declined a copy

x \_\_\_\_\_  
Student

x \_\_\_\_\_  
Date

x \_\_\_\_\_  
Legal Representative

x \_\_\_\_\_  
Date

\_\_\_\_\_  
Beyond Academics Staff

\_\_\_\_\_  
Date

REVOCACTION: Sign below ONLY if you are revoking your Authorization

I understand that, with certain exceptions, I have the right to revoke this authorization at any time. (If I want to revoke this authorization I must do so in writing.) The procedure for how I may revoke this authorization, as well as the exceptions to my right to revoke, are explained in Beyond Academics Notice of Privacy Practices, a copy of which has been provided to me.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Revocation Date: \_\_\_\_\_

**Beyond Academics™**  
 330 South Greene Street Suite 303  
 Greensboro, NC 27401  
 (336) 288-8115  
 info@beyondacademics.org

**Skills Assessment Form**

**Name of Applicant** \_\_\_\_\_

**Person Completing Form** \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_

**Date of Assessment** \_\_\_\_\_

Daily Routine & Hygiene	With No Assistance	Needs Little Assistance	Significant Assistance	Needs No Reminders	Few Reminders	Many Reminders	Still Learning	N/A
Sets and wakes up to alarm clock								
Makes bed daily								
Does laundry each week								
Prepares simple meals								
Prepares <b>healthy</b> meals								
Cleans dishes after eating								
Daily kitchen clean-up								
Sweeps floor								
Mops floor								
Uses a vacuum								
Cleans bathroom								
Disposes of trash								
Able to complete personal hygiene and grooming								
Uses a hair dryer/curling iron safely								
Showers independently on a daily basis								
Shaves regularly								
Uses public transportation								
<b>Comments:</b>								

<b>Safety Skills</b>	<b>With No Assistance</b>	<b>Needs Little Assistance</b>	<b>Significant Assistance</b>	<b>Needs No Reminders</b>	<b>Few Reminders</b>	<b>Many Reminders</b>	<b>Still Learning</b>	<b>N/A</b>
Understands emergency procedures								
Uses a key to enter/exit house								
Can stay home alone								
Carries I.D.								
Can recognize the onset of an illness								
Uses safe smoking habits								
Drinks alcohol responsibly								
Distinguishes between friends/strangers								
Uses a telephone/cell phone in case of an emergency								

**Comments:**

<b>Money Management</b>	<b>With No Assistance</b>	<b>Needs Little Assistance</b>	<b>Significant Assistance</b>	<b>Needs No Reminders</b>	<b>Few Reminders</b>	<b>Many Reminders</b>	<b>Still Learning</b>	<b>N/A</b>
Knows total monthly income								
Maintains a savings account								
Maintains a checking account								
Follows a budget								
Knows the difference between needs and wants								
Makes his/her <b>own</b> decisions about purchasing things								
Has money of his/her own to spend								

**Comments:**

<b>Ability to Use the Following:</b>	<b>With No Assistance</b>	<b>Needs Little Assistance</b>	<b>Significant Assistance</b>	<b>Needs No Reminders</b>	<b>Few Reminders</b>	<b>Many Reminders</b>	<b>Still Learning</b>	<b>N/A</b>
Microwave								
Stove/Oven								
Toaster								
Blender								
Garbage disposal								
Can opener								
Coffee maker								
Electric mixer								
Iron								
Television								
DVD player								
CD player								
Computer								
Lamps								
<b>Comments:</b>								
<b>Social Skills</b>	<b>With No Assistance</b>	<b>Needs Little Assistance</b>	<b>Significant Assistance</b>	<b>Needs No Reminders</b>	<b>Few Reminders</b>	<b>Many Reminders</b>	<b>Still Learning</b>	<b>N/A</b>
Plans social events on his/her own								
Invites friends to watch TV/movies								
Has been on a non-chaperoned date								
Participated in high school social events								
Appropriate reaction to peer conflicts								
<b>Comments:</b>								