

Dale Rogers Training Center
Application for Admission
2501 N. Utah, Oklahoma City, Oklahoma 73107
(405) 946-4489

Thank you for your interest in Dale Rogers Training Center (DRTC) All applications for services are reviewed by the Admission's Committee and a preliminary decision for admission is based on the applicant's initial interview summary, assessments, evaluations and records of previous placements. The Committee reviews if the applicant's adaptive level of functioning is consistent with the Agency's program capabilities. No applicant is guaranteed placement.

All qualified applicants are added to the waiting list once the Admission's Committee approves him/her to participate in an initial assessment period. A start date is scheduled as opening become available.

The final admission decision for Admissions is made by the Committee once the assessment period has been completed. At times, Dale Rogers Training Center is not an appropriate placement for the applicant. In such cases, referral information and assistance is provided.

Guidelines/Criteria for Admission into Dale Rogers Training Center:

1. The individual must meet the eligibility criteria for the specific program applying to and its funding sources.
2. The individual must be appropriate for vocational training or specific services or programs Dale Rogers provides.
3. Applicants are not eligible if prone to violence and/or have a current history of aggressive or violent behavior.
- 4. All applicants under 25 years of age must provide documentation from the Oklahoma Department of Rehabilitation Services (DRS) indicating s/he is ineligible for DRS services or his/her DRS case is closed, including the reason for closure.**

Date _____ Applicant Name _____
Last First Middle

Address: _____ Phone Number: (____) _____

Date of Birth: _____

Parent/Guardian/Caregiver Name _____

Lives with applicant? Yes No
If no, Parent/Guardian/Caregiver address: _____

Email address: _____

Others who live with the applicant: Spouse Child(ren) Other _____

Type of Dwelling: House Apartment Group Home ICF/IDD
 Nursing Home Other: _____

Program you would like to apply for Employment Services Vocational Services Program (workshop)
 Mobile Workforce Special Needs Not sure

Have you ever attended Dale Rogers Training Center? Yes No

If yes, dates attended and program involved in: _____

Would you need transportation to come to the program? Yes No

Have you been approved for services through Developmental Disabilities Services Division (DDS)?
 Yes No Not sure

What type of funding from DDS do you have? In-home supports waiver Community based waiver
 State funded vocational services

If on a waiver, who is your state case manager? _____

What school did you last attend? _____

Did you graduate? Yes No If yes, what year? _____

What type of classes were you in? Mainstream Special education

Have you ever attended or worked in any similar type programs like DRTC? Yes No

Have you ever attended a Vocational School (vo-tech) before? Yes No

If yes to either above, please list

| Name of Program | Location/Address | Dates Attended |
|-----------------|------------------|----------------|
| | | |
| | | |
| | | |

Have you ever worked and received pay from a job in the community? Yes No

If yes, please list:

| Name of Employer | Position/Title | Dates of Employment |
|------------------|----------------|---------------------|
| | | |
| | | |
| | | |

Please list any health, mental health and/or social service agencies with which you have had contact within the past 12 months:

| Agency Name | Phone Number | Reason for Contact | Contact Person's Name |
|-------------|--------------|--------------------|-----------------------|
| | | | |
| | | | |
| | | | |

Have you ever been convicted of, received probation, pleaded guilty (or no contest) to any felonies or misdemeanors? Yes No

If yes, state when, where and the disposition of the case (attach additional sheet if needed). _____

It is important that the Agency is aware of any convictions, probations or if you have pled guilty to any felonies or misdemeanors. The existence of a criminal record will not necessarily keep you from participating in the program. Factors such as date of offense, age at time of offense, seriousness and nature of the offense will be taken into consideration.

Thank You For Completing This Application In Detail.

PLEASE READ AND SIGN BELOW

The facts set forth in my application for admission are true and complete.

I understand the program at Dale Rogers Training Center has policies on behaviors and specific attendance requirements. Leave benefits are limited according to contract standards. Excessive absences or inappropriate behaviors can result in discharge from the program.

I understand that I need to let the Agency know if I have been convicted of, received probation or pleaded guilty to any felonies or misdemeanors. I understand it is my responsibility to inform the Agency during the application process and during the time I am receiving services from Dale Rogers Training Center. Failure to do so could jeopardize my ability to participate.

I understand if payment for a service or program is not made according to the Agency's established policies that I and/or my family will be responsible for payment of the amount due.

I understand that under no circumstances is this Agency under any obligation to me; and that I am a service recipient and not an employee of this Agency. I further understand that my admission and training is dependent upon my needing such assistance and my willingness to help myself, including the voluntary performance of such duties as may be assigned to me.

I understand Dale Rogers Training Center is a private non-profit entity and is not obligated or mandated to provide services to me. Individuals are considered for services without regard to race, color, religion, sex, national origin, age, marital status, disability or veteran status, genetic information, gender identity, sexual orientation, or any other legally protected characteristic. Dale Rogers Training Center complies with government regulations related to affirmative action obligations.

Signature of Applicant

Date

Signature of Family/Guardian/Caregiver

Date