



Hidden Treasures Academy, Inc.

**Postsecondary Day Program for High-Functioning
Adults with Intellectual Disabilities**

Application for Admissions

Applicant's Name (Print)

All Completed Applications Will Be Reviewed

Application for Admission

Applications will not be considered unless ALL requested information is present at the time of the review. Admissions for qualified students will be subject to availability.

Completed applications may be returned to:

Hidden Treasures Academy, Inc.
P.O. Box 237
Jefferson City, TN 37760

Once complete application packets have been reviewed, approved applicants will be contacted for an interview with our Admissions Committee or a representative thereof. Qualified students will then be assigned an admissions date. Admissions for qualified students are subject to availability. All other students will be placed on a waiting list and called as soon as an opening is made available.

APPLICATION CHECKLIST

1. ____ \$35.00 non-refundable registration fee payable to Hidden Treasures Academy, Inc.
2. ____ Completed Application for Admission
Part 1: Preliminary Application completed by Applicant. *If you are unable to write, a parent/caregiver may assist you, however the person assisting must write each statement in your own words.*
Part 2: Supportive Information completed by Parent/Caregiver.
3. ____ Name and contact information for two references from the following:
 - ☐ Teacher
 - ☐ Vocational/Employment or Community Involvement (such as your church pastor)*NOTE: Hidden Treasures Academy will contact references. You are only responsible for providing their contact information.*
4. ____ A copy of student's most recent Psychological or Psychoeducational Evaluation.
NOTE: Most high schools will have this information on file in your student's records. Please contact our Administrative Office if you have questions concerning this document.
5. ____ A current Physical Exam (*this will only be required after approval of admissions application*).
6. ____ A copy of student's IEP's (including Transition Plans) from your last year of school, the most recent Individual Support Plan from the Department of Intellectual and Developmental Disabilities, and/or the most recent Individual Plan of Support from Division of Rehabilitation Services, if applicable.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Hidden Treasures Academy, Inc.
Program Location | First Presbyterian Church | Morristown, TN
Administrative Address | P.O. Box 237 | Jefferson City, TN 37760

Part 1: PRELIMINARY APPLICATION *(Completed by applicant with assistance as needed)*

Student Information

Last Name _____ First Name _____ MI _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Birth Date _____ Email Address _____

Gender:

☐ Male

☐ Female

U.S. Citizen:

☐ Yes

☐ No

Language Spoken: _____

Country of Citizenship: _____

Applicant Questionnaire

All answers must be directly from the applicant but they can be dictated.

Why do you want to participate in Hidden Treasures Academy, Inc.?

Have you ever been in trouble with the law? ☐ YES ☐ NO

If yes, what for? _____

Do you currently use tobacco products? ☐ YES ☐ NO

Have you ever drank alcohol or used illicit drugs? ☐ YES ☐ NO

Do you currently drink alcohol or use illicit drugs? ☐ YES ☐ NO

What do you like to do in your free time? *Hobbies?* _____

What do you do when you are out with friends? _____

Are you married? ☐ YES ☐ NO

If no, do you have a significant other? ☐ YES ☐ NO

Do you currently have a paid or volunteer job? ☐ **YES** ☐ **NO**

If so, what do you do? What do you enjoy about your work?

Work Experience

Name of Organization	Job Title	Dates (From - To)	Reason for Leaving	Paid or Volunteer

Please complete the following sentences:

My dream job would be: _____

At that job, I would like to: _____

In ten years, I want to live: _____

Special Interests

Religion

Are you a Christian? ☐ **YES** ☐ **NO**

Where do you go to church? _____

Address _____ City _____ Zip _____

What is the name of your Pastor? _____

Do you attend worship services? ☐ **YES** ☐ **NO**

Are you a part of a small group (such as Sunday School, Young Adult's Class)? ☐ **YES** ☐ **NO**

What is your favorite part about church? _____

Music

Do you sing? ☐ **YES** ☐ **NO**

Do you or have you ever played in a band? ☐ **YES** ☐ **NO**

When you were younger, did you play in a rhythm band? ☐ **YES** ☐ **NO**

If applicable, what instruments do you play? _____

Do you dance? ☐ **YES** ☐ **NO**

Who is your favorite band and singer? _____

Art

What are your favorite colors? _____

What is your favorite kind of artwork? _____

Do you enjoy making crafts? ☐ **YES** ☐ **NO**

Do you like to use clay, paint, glue, glitter, and other art supplies? ☐ **YES** ☐ **NO**

Do you like to look at pictures people have drawn? ☐ **YES** ☐ **NO**

Do you like to go to museums? ☐ **YES** ☐ **NO**

Sports

What sports do you play? _____

Have you ever been on a team? ☐ **YES** ☐ **NO**

Do you watch sports on television? ☐ **YES** ☐ **NO**

What is your favorite sports team? _____

Have your participated in Special Olympics? ☐ **YES** ☐ **NO**

What events were you in?

Did you earn ribbons? ☐ **YES** ☐ **NO**

How many ribbons do you have? _____

Other

Do you like to be in public crowds (*such as at a restaurant, library or movie theater*)? ☐ **YES** ☐ **NO**

Do you enjoy helping others? ☐ **YES** ☐ **NO** ☐ **SOMETIMES**

Do you have any animals or pets at home? ☐ **YES** ☐ **NO**

If so, what kind(s) are they and tell us their names: _____

Do you have a computer with internet access at home? ☐ **YES** ☐ **NO**

If so, in what ways do you use the computer? _____

Do you like to play video games? ☐ **YES** ☐ **NO**

If so, what are your favorite games? _____

Do you watch TV at home? ☐ **YES** ☐ **NO**

If so, what are your favorite TV shows? _____

Personal Statement: *Include information about yourself, dreams for your future, and other details about yourself that will help you stand out as an applicant for Hidden Treasures Academy, Inc.*

Thank you for sharing information about yourself!

Part 2: SUPPORTIVE INFORMATION

Family Information *(please print information)*

Does applicant currently live with both parents? ☐ **YES** ☐ **NO**

If not, specify which parent applicant lives with? _____

Does applicant live in a group home, assisted living, etc.? ☐ **YES** ☐ **NO**

Does applicant have a legal conservator or guardian? ☐ **YES** ☐ **NO**

If yes, please attach a copy of legal documentation for conservator or guardianship.

Father/Guardian	Mother/Guardian
Address	Address
Home Phone Cell Phone	Home Phone Cell Phone
Email	Email
Employer	Employer
Business Address	Business Address
Business Phone	Business Phone
Occupation	Occupation

Does applicant have any brothers or sisters? *If so, list their information below:*

Name	Age	City, State of Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Information

Please list all schools the applicant has attended from 9th – 12th grade.

School Name _____ Years Attended _____

Address _____ State _____ Zip _____

Principal _____

School Name _____ Years Attended _____

Address _____ State _____ Zip _____

Principal _____

Did applicant graduate from high school? ☐ **YES** ☐ **NO**

If not, what was the reason for not completing high school?

If graduated from high school, did applicant receive a diploma? ☐ **YES** ☐ **NO**

Specify what kind of diploma was earned? ☐ **Special Education Diploma** ☐ **Regular Diploma**

Date of Graduation: _____ School: _____

Has applicant attended other educational programs since high school, such as a college or technical school? ☐ **YES** ☐ **NO**

If yes, where? _____

Would the applicant be interested in taking classes at a local community or technical college?

☐ **YES** ☐ **NO** ☐ **MAYBE**

What was applicant's favorite subject in school? _____

What would you like instructor to know about how applicant learns?

What accommodations did applicant have in the classroom the last two years of school?

Please attach a copy of applicant's Individual Education Plans (IEP), including any Transition Plans from last year of high school AND applicant's last Psychoeducational Evaluation.

SERVICE PROVIDERS

Is applicant a client of the Department of Intellectual and Developmental Disabilities (DIDD)?

☐ **YES** ☐ **NO** ☐ **IN PROCESS** ☐ **FORMER CLIENT**

Service Coordinator's Name _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____

Is applicant a client of Division of Vocational Rehabilitation Services?

☐ **YES** ☐ **NO** ☐ **IN PROCESS** ☐ **FORMER CLIENT**

Service Coordinator's Name _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____

Is applicant a client of Greene County Skills?

☐ **YES** ☐ **NO** ☐ **IN PROCESS** ☐ **FORMER CLIENT**

Service Coordinator's Name _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____

Is applicant a client of Employment and Community First CHOICES?

☐ **YES** ☐ **NO** ☐ **IN PROCESS** ☐ **FORMER CLIENT**

Service Coordinator's Name _____

Address _____

Phone Number _____ Fax Number _____

Email Address _____

FINANCIAL INFORMATION

Hidden Treasures Academy, Inc. is a non-profit, tuition based academic program. Annual Tuition Fees are \$7,500 per student and can be paid annually as a One-Time Payment or paid through a Monthly Payment Plan:

10-Months	(August – May)	\$750 / month
12-Moonths	(August – July)	\$625 / month

FINANCIAL AID FOR STUDENT TUITION

We understand that some applicants live on a fixed or limited income and will need financial assistance to attend Hidden Treasures Academy, Inc. Our **FAST** (*Financial Aid for Student Tuition*) **Program** is for applicants and/or families who currently claim the applicant as a dependent on their taxes AND have an annual gross income that would make it difficult to pay the full tuition rate. The FAST Program is used by private schools throughout the United States to process and award tuition assistance based on a thorough and professional needs assessment of all applicants. It is very similar to a financial aid application for college and will require the same financial information.

All families are eligible to apply for financial aid. There is a one-time \$43 online application fee.

To help determine a tuition level that your family is able to afford, visit our website at www.htain.org/admission and you will be directed to the FAST secure website to start the financial aid process. The Financial Aid application fee, the Financial Aid application form, and your most recent IRS FORM 1040 will be submitted online with FAST. If you do not have access to a computer or need assistance with submitting your financial aid information, a representative at Hidden Treasures Academy will be available to assist you upon request.

Hidden Treasures Academy, Inc. is unable to determine a tuition level until the FAST Application has been submitted. Once our Financial Aid Committee has received a report notification from FAST, they will review the recommendation and issue a tuition agreement form based upon your income. All financial information provided by families will be held in strict confidence by our Financial Aid Committee and will not be shared with anyone outside the committee.

REFERENCES FOR APPLICANT

Please list the names and contact information for the two references who will be responding for you. At least one reference should include an educator (teacher, principal, guidance counselor, etc.); another, if possible, an employer/work supervisor or the pastor of your local church. Please note these references *cannot* be from a family member.

Name: _____	Name: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Medical Information and History

Date of last physical exam: _____ Primary Physician: _____

Please provide a brief description of applicant's medical history, including disability diagnosis and/or any possible diagnosis: _____

Please list any significant medical, psychiatric, behavioral, and/or physical conditions that may affect applicant's participation in classroom, social or recreation activities associated with the program of Hidden Treasures Academy, Inc.

Please list any current medications applicant is taking. *Attach an additional page if needed.*

Medication	Dosage	Frequency	Reason for taking medication

NOTE: If the applicant must take medications during program hours, he/she must be independent in self-administering his/her medications.

Does applicant currently receive private/public/agency therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech or behavioral therapy? If yes, explain how and where:

Academic Levels and Support Inventory

To be completed by applicant and/or parent / caregiver.

Name of Applicant: _____ Date: _____

Name of Person Completing this form: _____

Relationship to Applicant: _____

Reading and Writing Skills: (check highest level)

Reading:

- ☐ identifies letters ☐ no functional reading ☐ recognizes familiar works/names
☐ applies reading strategies (*phonetic clues, sentence structure, meaning*)
☐ reads chapter books ☐ reads books for pleasure

Listening comprehension:

- ☐ retells a simple story
☐ can retell the beginning, middle and end of stories
☐ able to retell settings, characters, problems, major events and solutions of stories

Writing:

- ☐ writes/copies all letter ☐ writes name ☐ no functional writing
☐ writes short sentences ☐ writes short messages
☐ correctly uses punctuation ☐ writes drafts, revises, edits

Independent Living Skills	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Finds way around new place				
Follows a schedule				
Manages Personal Belongings				
Prepares simple meals				
Orders and purchases from a restaurant				
Finds items in a store				
Can stay home alone				
Regularly follows personal hygiene regimen				
Uses public bathrooms				

Social Skills and Communication	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Communicates needs appropriately				
Asks for help				
Deals with conflict appropriately				
Distinguishes between friends and strangers				
Respects authority figures				
Uses a cell phone				
Can share personal address, phone, date of birth, etc. (verbal and/or written)				
Has friends of own age				
Participates in social events				
Ability to relate to others				
Copes with stress				
Adjusts to new situations				
Engages in appropriate social interactions				

Academic Skills	Needs complete assistance	Needs much assistance	Needs little assistance	Completely independent
Identifies value of coins/bills				
Counts change/bills				
Uses a calculator				
Uses ATM to get spending money				
Uses clock/watch to manage daily schedule				
Stays within a weekly/daily budget				
Uses a computer for word processing				
Navigates Internet				
Uses email				

On a separate sheet of paper, please list/discuss any physical, intellectual, social or emotional conditions that may need to be considered when planning applicant's post-secondary experience.

PARENT / CAREGIVER REFERENCE

Reference's Information

Name	Date	
Mailing Address		
City	State	Zip
Phone	Cell	
Email		
How do you know the applicant?		

Background Information:

For legal guardians or caregivers, how long have you known this student and in what context?

What are the first words that come to your mind to describe this student?

If applicable, list the course you have taught this student, noting for each of the student's year in school and the level of course difficulty.

Please rate the applicant in comparison to same-age peers without disabilities on the following characteristics on a scale of one to five (with one being low and five being high). Enter your rating(s) under the categories to which you feel qualified to respond.

1 = low or problem

3 = middle or somewhat present

5 = very high

GENERAL						
Initiative	1	2	3	4	5	n/a
Motivation	1	2	3	4	5	n/a
Reliability	1	2	3	4	5	n/a
Perseverance	1	2	3	4	5	n/a
General Attitude	1	2	3	4	5	n/a

Comments:

INTERPERSONAL						
Ability to relate to:						
-peers	1	2	3	4	5	n/a
-teachers	1	2	3	4	5	n/a
-work supervisors	1	2	3	4	5	n/a
-young children	1	2	3	4	5	n/a
-elderly people	1	2	3	4	5	n/a

Comments on style of interaction and specific strengths and weaknesses in social interactions:

JUDGEMENT/DECISION MAKING						
Ability to:	1	2	3	4	5	n/a
-make everyday decisions using good judgment						
-act in an emergency using good judgment	1	2	3	4	5	n/a
-use people as a resource (asking for help when necessary, asking questions/clarification)	1	2	3	4	5	n/a

Comments (Use examples if possible):

EMOTIONAL ADAPTABILITY						
Ability to:	1	2	3	4	5	n/a
-cope with stress						
-adjust well to new situations	1	2	3	4	5	n/a
-separate own problems from problems of others (avoid taking everything personally)	1	2	3	4	5	n/a

Comments (Be specific: What types of situations does the applicant find stressful? What coping mechanisms are used?)

TIME MANAGEMENT / ORGANIZATION						
Ability to:	1	2	3	4	5	n/a
-attend to daily schedule (<i>arrives at places on time, etc.</i>)						
-plan and carry out activities	1	2	3	4	5	n/a
-prioritize	1	2	3	4	5	n/a
-keep track of belongings	1	2	3	4	5	n/a

Comments (Be specific about the nature of any difficulties and the kind of supervision required to cope):

Why do you feel that this person is/is not appropriate for Hidden Treasures Academy, Inc.?

May we contact you for further information? ☐ YES ☐ NO

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Reference's Signature

Date

*We greatly appreciate your time and effort for completing this form.
Thank you for your assistance with the application process!*