

2022 TEP Application Completion Checklist

It is essential that you have these items emailed to: Judy.Smith@arkansas.gov and Mary.Wilborn@arkansas.gov by February 28, 2022.

As a last resort, you may mail to: Arkansas Rehabilitation Services (ARS) Attention: Judy Smith, P.O. Box 3781, Little Rock, AR 72203 by February 28, 2022.

TEP Application must be completed and returned by 4:00pm, February 28, 2022. It includes:

- ___ TEP Applicant Participation Contract
- ___ TEP Applicant Survey *by High School Teacher or Counselor*
- ___ Consent to Media Publication
- ___ TEP Release, Waiver, and Indemnification
- ___ TEP 2022 Release of Information Consent Form
- ___ TEP Permission Pick Up Letter Form/TEP Restriction to Grounds Agreement
- ___ Arkansas Rehabilitation Services Informed Consent (RS-375)
- ___ Medical Release/Authorization Form

Additional Required Documents:

- ___ **State Identification/ Photo ID Card *******
- ___ **Social Security Card *******
- ___ **Insurance Card *******
- ___ **Immunization Record *******
- ___ Legal Guardianship Documentation (if applicable) *****
- ___ Current IEP **AND** Psychological Educational Evaluation **OR** 504 Plan and & Supporting Documents including medical diagnosis

Application must be received by 4:00p.m., February 28, 2022

TEP Application Purpose and Guidelines

The purpose of this application packet is to outline the skill set of the TEP applicant. This application enables the Selection Committee to properly assess each applicant's skills, abilities, and background. A parent, applicant, counselor, teacher, or employer may be contacted by the selection committee to gather additional information. Our final goal is to select individuals who will be successful in the TEP program and reach the outcome of sustained, competitive employment. ***Family Orientation is required and will be held at ASMSA on Sunday, June 12, 2022. The TEP 2022 graduation will be held on Saturday, June 18, 2022, at 10:00pm Arkansas School for Mathematics, Sciences, and the Arts (ASMSA).***

The Selection Process includes the following guidelines:

1. Completed applications must be received by **4 p.m. February 28, 2022**, by Transition Team.
2. Applicants must be enrolled in high school and be completing the 11th grade by the end of the current school year. He or she must demonstrate independent personal hygiene and grooming skills, have appropriate behavior, be able to get around ASMSA independently, have the desire to work competitively, and participate in a paid work experience during the **Summer** and/or **Senior** year.
3. The selection committee will include representatives from Arkansas Rehabilitation Services (ARS), and the participating high school. The selection committee will review the applications, keeping in mind the applicant's abilities and interests, as they apply to the TEP program.
4. If accepted, applicant must be able to pass an ARS background check, drug screening, be current on immunizations once program begins.
5. **If accepted, applicant must secure transportation to and from Arkansas School for Mathematics, Sciences, and the Arts (ASMSA), must have an open case with Arkansas Rehabilitation Services (ARS), and be determined eligible for services. If applicant does not already have an open case with ARS, he/she will need to begin the process before their application is considered complete. He/she will need to contact your local ARS office. Please call to make an appointment. The map of the ARS offices will be provided.**

Completed Application must be received by 4:00p.m. February 28, 2022

**Transition Employment Program
APPLICATION FOR ADMISSION**

Name: _____
LAST **First** **Middle**

Social Security Number: _____ DOB: _____ Age: _____ Male: _____ Female: _____

Phone: _____ Applicant Email: _____

Address: _____
Street City State Zip Code County

Guardian Name: _____ Guardian Relation _____

Guardian Phone: _____ Guardian Email _____

Guardian Address _____
Street City State

Do you have an Arkansas Rehabilitation Services Vocational Rehabilitation Counselor?

YES, Name: _____ Phone: _____
 NO

Who should we contact in case of an **EMERGENCY?**

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Adult T-shirt Size for student:

Xsmall _____ Small _____ Medium _____ Large _____ XL _____ 2XL _____
3XL _____ 4XL _____ 5XL _____

TRANSPORTATION

How do you plan to go to ASMSA in Hot Springs, Arkansas? Please Check

Parent/Family ___ High School Staff ___ Other (specify) _____

EDUCATION BACKGROUND:

High School: _____ Grade: _____

IEP Yes ___ No ___ 504 Plan Yes ___ No ___

Extracurricular Activities (i.e., football, etc.)

WORK BACKGROUND:

- Has the student worked/had a job before? Yes ___ No ___
- Has the student volunteered somewhere before? Yes ___ No ___
- Has the student been fired from a job? Yes ___ No ___
- Has the student quit a job? Yes ___ No ___

What does student want to do after high school? _____

DIAGNOSIS/SYMPTOMS

Primary Diagnosis:

Secondary Diagnosis:

Medications (please provide complete list of medications, including over the counter)

	<i>Drug Name</i>	<i>Dose</i>	<i>Reason for taking</i>
1			
2			
3			
4			
5			

Is medication management needed? Yes ___ No ___

Health Issues/Allergies (please list all health issues, including food & pet allergies)

Accommodations needed: _____

Other Relevant Information we should know: _____

PLEASE COMPLETE IN YOUR OWN WORDS:

Why do you want to participate in the TEP Program?

APPLICANT/GUARDIAN INFORMATION

1. An applicant cannot participate if they will not be completing the 11th grade by the end of the current school year. **All TEP applicants must be in the 11th grade or qualify as 11th grader now.**
2. Release most recent IEP and Psychological Educational Evaluation – Or 504 plan.
3. Equal Opportunity: TEP program placement will be made without regard to race, color, national origin, sex, age, religion, or presence of a disability.
4. Candidates selected for TEP may be required to pass a background check, receive a drug screen, receive a flu shot, and be current on all required immunizations.

Applicant’s admission to the TEP project and their successful completion of TEP will be contingent upon adherence to the policies and procedures of TEP. By signing, the applicant and/or guardian agree to comply.

Applicant Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

Did anyone help you complete this application? YES ____ NO ____ If yes,

Name of Individual: _____ Relation: _____

Applicant's Participation Contract

I, _____, understand that if I am accepted into the TEP project, I must abide by the following terms and conditions:

- I will participate in the program every day as scheduled.
- I understand that TEP is an unpaid training program this summer with a paid work experience opportunity upon completion.
- I will dress appropriately, and wear required attire (like in school).
- I will call the TEP staff when I will be absent or tardy.
- I understand that I am responsible for securing transportation to and from ASMSA.
- I will follow all rules established by the TEP program.
- I will attend and be an active participant at all TEP activities.
- I will be up to date on all needed immunizations.
- I will be able to pass a felony background check and drug screen.

I understand that if my son/daughter leaves the ASMSA grounds without TEP staff, they will be immediately discharged from the TEP program (NO EXCEPTIONS).

I have read the above terms and conditions and agree with what has been stated. I understand that I may be asked to leave the TEP program if I fail to follow the terms and conditions.

APPLICANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

TEP Applicant Survey by High School TEACHER or COUNSELOR

Please be honest when filling out this information to help us appropriately place the applicant and plan for instruction based on needs of the individual. This information will also assist staff in the development of internships.

Applicant's Name: _____

Punctuality:

- Applicant is always on time
- Applicant struggles to get where he/she needs to be in a timely manner
- Applicant is always late and often does not show up for appointments

Comments: _____

Appearance and Professional Presentation (check all boxes that apply)

- **The applicant arrives at school and/or work with:**
 - Clean and combed hair
 - Clean clothing
 - Brushed teeth/oral hygiene
 - Student follows the school/work dress code
- **The applicant willingly follows the designated dress code of his/her environment including rules on:**
 - Appropriate clothing/Shoes
 - Facial Hair
 - Facial and body piercings
 - Tattoos
 - Jewelry
 - Fingernail polish and length

Comments: _____

Transportation (check all boxes that apply). *This is related to when applicant is at home.

- The applicant has his/her own driver's license
- The applicant has his/her own car and insurance
- The applicant knows how to use public transportation
- The applicant is willing to learn to use public transportation
- The applicant uses a door-to-door or para-transit system independently

- ___ Parent or other guardian makes appointments for student
 - ___ Applicant makes own appointments
- The applicant has someone willing to provide ongoing transportation
- Other transportation options _____

Verbal Communication (check best answer)

Often	Sometimes	Seldom/Never	The Applicant:
			Is easily understood by others
			Has trouble getting his/her message across to others
			Uses adaptive equipment to communicate
			Is willing to learn to use adaptive equipment (if needed)
			Uses an interpreter and/or uses sign language
			Talks about the same topics over and over again

Physical Limitations (check all that apply)

- Applicant has difficulty walking and uses:
- Cane
 - Walker
 - Wheelchair
 - Scooter
 - Other _____
- The applicant has limited use of arms and/or hands
- The applicant has other physical limitations that may affect job placement. Please list:

- The applicant should be able to perform the essential duties of a job with reasonable accommodations. Please list needed accommodations if known: _____

Production Rate and Work Quality (check all that apply)

Often	Sometimes	Seldom/Never	The Applicant:
			Completes tasks on time
			Turns in assignments/jobs on time and complete
			Completes tasks correctly
			Completes assignments neatly
			Is organized

Is there anything else you would like the selection committee to know about the applicant?

This assessment has been completed by Printed Name _____

Phone # _____ Date _____

Signature _____ Relation to Applicant _____

Teacher and/or Counselor email address: _____

CONSENT TO MEDIA PUBLICATION

Arkansas Rehabilitation Services may reproduce images of students in print and electronic media to publicize the Department's mission of creating a job-ready workforce. Arkansas Rehabilitation Services may publish information pertaining to its clients in connection with the administration of its vocational rehabilitation programs. If you permit reproduction and publication for these purposes, please sign this form, and return it to your teacher, organization sponsor, or vocational-rehabilitation staff member. Permission for students or clients under the age of 18 must be indicated by the signature of their parent or legal guardian. **STUDENTS:** I grant Arkansas Rehabilitation Services permission to use and reproduce my image in print or electronic media (including video and social media). I understand that my image may be included in the agency's periodic publications, as well as in other public-relations materials including, but not limited to, press releases and news media. **CLIENTS:** As a client of Arkansas Rehabilitation Services, I grant permission for my personal information to be used and reproduced in print or electronic media (including social media). I understand this information may be included in the Arkansas Rehabilitation Services' periodic publications, as well as in other public-relations materials including, but not limited to, press releases and news media. However, any such use or reproduction by the Arkansas Rehabilitation Services division will be consistent with 34 C.F.R. § 361.38 ("Protection, use, and release of personal information").

Student/Client's Name: _____

Address: _____

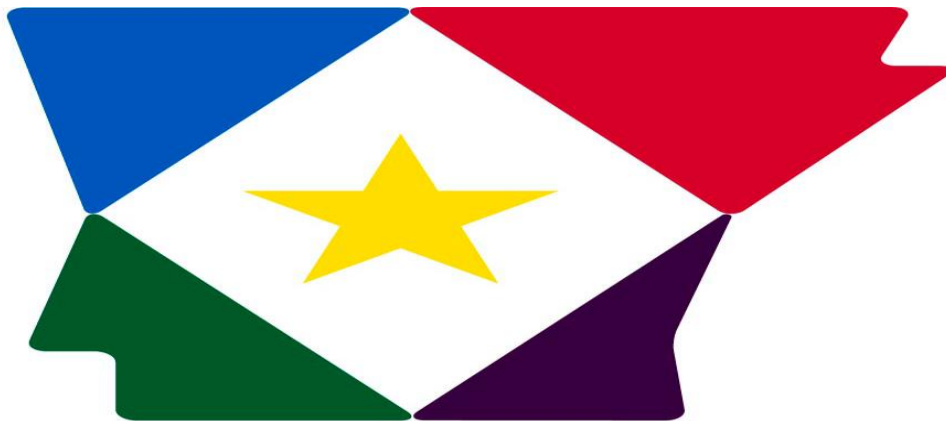
School (if applicable): _____

Email Address: _____

Signature: _____

(Parent or guardian's signature if under 18; student or client's signature if 18 or older)

Date: _____



Arkansas Division of
Workforce Services
Arkansas Rehabilitation Services

TEP AGREEMENT

Participant's Name: _____

As a participant of this TEP, I agree to the following:

1. I am responsible for my own actions and will always act in a mature manner.
2. I agree to attend and participate in all scheduled activities.
3. I will NOT use alcohol, tobacco, or other drugs.
4. I will honor the activity schedule; therefore, I will not leave the premises of the activity unless accompanied by TEP staff. I will be accountable for my choices and actions at all times and will keep a TEP staff person informed of my intentions.

I (participant) agree to the above terms and conditions.

Participant's Signature

Date

As Parent/Legal Guardian of a youth participant of the TEP Summer Program, I understand that it shall be my responsibility to ensure that my child arrives to ASMSA for the TEP Summer Program at the designated date and time. Transportation will be provided by the Parent/Legal Guardian or representative unless prior arrangements have been made. Parent/Legal Guardian is also responsible for picking up participant at the end of the project (or prior if participant is unable to complete the project for any reason).

As Parent/Legal Guardian, I further understand that it is my responsibility to disclose whether my son/daughter has a Mental Health Counselor herein:

Does your son/daughter have a Mental Health Counselor: Yes ___ No ___

Mental Health Counselor's Name: _____

Mental Health Agency Name: _____ Phone#: _____

I have read the above youth participation agreement and discussed the consequences of violating any of these agreements with my son/daughter.

Parent/Legal Guardian Signature

Date

Release, Waiver, and Indemnification

In consideration of the permission granted to _____ (Participant) to participate in TEP, the undersigned Participant or his/her parent or legal guardian if the Participant is under the age of 18, do hereby execute this release, and indemnification for himself/herself, and his/her, heirs, successors, representatives, and assigns, and hereby agree: To release TEP, its employees, officers, volunteers, and agents from any and all liability, loss, damage, costs, claims, or causes of action including all personal injuries and property damage, known or unknown which the Participant has or may incur participating in the activities, excluding liability arising out of the sole negligence of TEP.

The undersigned further agrees to defend, indemnify, and hold harmless TEP and its officers, employees, volunteers, and agents from any and all claims, damages, losses, liabilities, or expenses (including but not limited to reasonable legal, consulting, and other fees) (the Claims and Liabilities) which may be asserted against, imposed upon, or incurred by TEP, its officers, employees, volunteers, and agents, asserted by any third party or parties and which arose out of or result from participants participation in the activities; provided however that the undersigned's obligation to defend, indemnify, and hold harmless shall not apply to any CLAIMS or LIABILITIES that arise as a result of the negligence of TEP.

Parent/Legal Guardian Signature

Date

TEP Applicant Signature

Date

**Transition Employment Program (TEP) 2022
Release of Information Consent Form**

I hereby give my written consent to the ARS TEP staff and official ARS representatives to share my TEP information and records with my parents, guardian, and high school teacher and/or counselor.

I understand that the above will have access to all of my TEP records, including but not limited to: School Records, Medical & Psychological Records, Progress Reports, Employment Planning, Incident Reports, Transportation Issues, and other information relating to my participation in TEP. The above listed persons shall retain the right to receive my TEP records during the five-year follow-along period, including after I have reached the legal age of 18.

I understand that the TEP staff may communicate with the above in writing, in person, or any method of communication.

I further understand the value of follow-along services for TEP graduates and do hereby grant permission for the ARS Director of Transition Services, Transition Services staff, or other designee to contact me, my guardian, and the high school I am currently attending and/or will graduate from to collect baseline data (10th grade, 11th grade, and 12th grade) related to my high school and post-secondary education, training and/or employment.

This consent is given on my part with the understanding that there will be no attempt to use the information about my participation in TEP to hold me, or a member of my family, up to public ridicule or embarrassment.

TEP Applicant Signature

Date

Guardian Signature

Date

TEP PERMISSION PICK-UP LETTER FORM

Starting June 12,2022 if my son/daughter is selected to participate in TEP, my son/daughter, _____, will be attending the TEP summer program in Hot Springs, AR for one week and he/she will need transportation to ASMSA and from ASMSA. I have given permission for my son/daughter, to be taken to ASMSA on June 18, 2022 and to return from ASMSA on June 18, 2022 with _____ who is his/her _____, or Authorized ARS staff, School Teacher/Authorized School Personnel, or ARS Transportation Vendor.

TEP RESTRICTION TO GROUNDS AGREEMENT

I, _____, parent and/or legal guardian of _____, understand and agree that he/she will be restricted to the TEP grounds during his/her stay at ASMSA except when he/she is participating in an TEP sanctioned and TEP supervised (by TEP staff) activity. I understand that these activities may include recreational activities.

Please provide names as listed on the individual’s driver’s license and phone number of each person authorized to bring or pick-up your son/daughter/grandchild or Foster Child. You are encouraged to provide at least three (3) names.

1) _____
Name Relationship to TEP student Phone Number

2) _____
Name Relationship to TEP student Phone Number

3) _____
Name Relationship to TEP student Phone Number

Signature of Parent/Guardian Date

Signature of TEP Applicant Date

**ARKANSAS REHABILITATION SERVICES
INFORMED CONSENT (RS-375)**

Client Name: _____
LAST FIRST MI Social Security Number

Authorization is hereby granted for referral of the above-named individual to the Arkansas Rehabilitation Services. As parent/guardian I understand that in order to determine eligibility and services required to achieve a vocational goal, a comprehensive evaluation may be required. My signature authorizes the Arkansas Rehabilitation Services to conduct such an evaluation including medical, mental health, psychological, and/or vocational assessments.

Authorization is also granted to _____
Arkansas Rehabilitation Services
(School agency, clinic)

To release information in the record of the above-named individual to the Arkansas Rehabilitation Service

ARS Counselor, Judy Smith or official designated TEP Staff
P.O. Box 3781
Little Rock, Arkansas 72203

Type of information to be disclosed:

- Medical
- Psychological
- Vocational
- Other (Specify) IEP or 504 Plan

Purpose for disclosure:

- Establish eligibility
- Develop VR plan
- Determine treatment need/type
- Other (specify) Transition Employment Program

(TEP)

I understand the purpose(s) for which my consent is being requested. I understand that giving consent for the above stated purpose (s) is voluntary on my part and may be revoked at any time.

Parent/ Guardian

Date

Medical Release/Authorization Form

I, _____ parent/legal guardian of _____, a participant of the Arkansas Rehabilitation Services (ARS) Transition Employment Program (TEP) 2022 do hereby authorize the ARS TEP 2022 Program Staff to consent to emergency and routine medical treatment for my child during the TEP 2022 program.

The purpose of this document is to give the ARS TEP 2022 Program Staff the power and authority to consent to medical treatment for my child.

This power and authority will be effective while my child is participating in TEP June 12,2022 through June 18, 2022.

Any questions or concerns regarding this authorization may be directed to me:

Name of Parent/Guardian: _____

Address: _____

Phone Number: _____ Cell#: _____

Email Address: _____

Secondary Contact Person:

Name: _____ Relationship to child: _____

Parent/Guardian Printed Name: _____ Date Signed _____

Parent/Guardian Signature: _____ Date Signed: _____

Frequently Asked Questions

Questions Submitted:

1. Will I have to stay on campus all week?
2. If I must attend summer-school, will I be able to still attend the TEP Program?
3. When is orientation?
4. What are the starting date and the last day of the summer program?
5. When is the deadline for the application?
6. Where is Arkansas School for Mathematics, Sciences, and the ARTS (ASMSA)?
7. Will I be staying in a dorm?
8. Will the meals be provided?
9. What if I am over 18 years of age?
10. If I am over 18 years of age, am I still restricted to campus?

Answers to the Above Questions:

1. Yes, TEP students stay on the ASMSA Campus all week.
2. If your summer school schedule overlaps with the TEP schedule, you will NOT be able to participate in TEP.
3. TEP begins with an Orientation on Sunday, June 12, 2022.
4. TEP starts with a Family/Student Orientation on Sunday, June 12, 2022, and ends with Graduation on Saturday, June 18, 2022, at 10a.m. at ASMSA.
5. The deadline for the TEP 2021 applications is February 28, 2022.
6. Arkansas School for Mathematics, Science, and the Arts (ASMSA) is located at 200 Whittington Ave, Hot Springs, AR 71901. The main number is 501- 622-5100.
7. Yes, TEP students will stay in the dorm.
8. All meals are provided by ARS at ASMSA.
9. Students over the age of 18 years of age, must follow all the rules for TEP students. In addition, we will ask students that are over 18 and do NOT have a Legal Guardian, to sign a Consent form authorizing us to share information regarding their participation & progress in TEP.
10. Yes, 100% of TEP participants are restricted to campus.

Additional Facts:

- a) A list of items to take to ASMSA will be provided to all approved applicants.
- b) The recruitment goal for TEP 2022 is 40 students on a **FIRST-SERVED BASIS**.

ALL APPLICATIONS MUST BE COMPLETED, HAVE ALL REQUIRED DOCUMENTS AND SIGNATURES AND BE DETERMINED VOCATIONAL REHABILITATION (VR) ELIGIBLE. ALL APPLICANTS WILL RECEIVE THE CONTACT INFORMATION FOR THEIR LOCAL VR COUNSELOR.

THE DEADLINE February 28, 2022: NO EXCEPTIONS!

Please make sure that we have your CORRECT mailing ADDRESS, should your address change prior to the TEP graduation on June 18, 2022, you will need to inform:

Judy Smith judy.smith@arkansas.gov 501-766-3948; and copy

Mary Wilborn mary.wilborn@arkansas.gov

William Stevens William.D.Stevens@arkansas.gov