



# The L.I.V.E.S. Program

(Learning Independence Vocational and Educational Skills)

## Application

The L.I.V.E.S. Program <sup>SM</sup> is a partnership between  
Arc Glow and SUNY Geneseo

### Return Completed Application & Materials to:

Arc GLOW  
jangillilli@ArcGLOW.org  
Or: Attention Outreach  
18 Main Street  
Mt. Morris, NY 14510

## Application Process

While the L.I.V.E.S. PROGRAM<sup>SM</sup> is a university-based transition program designed to provide post-secondary education for students with intellectual disabilities and/or other developmental disabilities, and who are eligible for OPWDD services. Students will be admitted to Arc GLOW L.I.V.E.S. PROGRAM<sup>SM</sup> and not SUNY Geneseo. Students in this program will not be matriculated students of SUNY Geneseo.

The L.I.V.E.S. PROGRAM<sup>SM</sup> will seek to accept new students each year over the age of 21. All applicants must complete an application process.

Potential applicants must come for a half-day tour of the L.I.V.E.S. PROGRAM<sup>SM</sup>. Potential applicants must be OPWDD eligible and have Medicaid to receive the service and:

- Comprehend at a third grade reading level;
- Be able to communicate or use a communication device with others;
- Have attended 4-years of high school and maintained a satisfactory attendance record;
- Have demonstrated successful participation in an academic setting, functional-skills curriculum.
- Demonstrate the ability to act in socially suitable manner;
- Have demonstrated independence, and a desire for greater independence and further development of social skills;
- Have a familial or natural support group that will help the student reach his/her goals;
- Transportation services are not part of the L.I.V.E.S. program so the ability to have reliable transportation to and from the SUNY Geneseo campus will be considered.
- Have a working cell phone that they can utilize while on campus.
- Be willing to make a four-year commitment.

Applications are accepted on a rolling basis throughout the year. Once the complete application has been submitted, potential applicants will be contacted for a mandatory student interview and parent/family interview. The following documentation should be included with the application:

- Related services assessments, if applicable (Speech, PT, OT, Assistive Technology, etc.); and
- Teacher or service provider letter of recommendation.
- Incomplete applications will not be accepted.

Admission decisions will be made one month prior to the new semester. Decisions are based on:

- Applicant's learning needs and desire to attend program;
- Ability of program to meet applicant's needs and goals;
- Ability of the applicant to exhibit appropriate behavior and independently negotiate transitions between classes, buildings, lunch, and non-academic activities;
- Potential of applicant to successfully achieve his/her goals within the context of the program content and setting; and
- Commitment from the applicant's family/caregivers to support the goals of the program.
- Approval of the OPWDD agency service
- Program openings available

All applicants and their families must participate in an interview process which is designed to determine the student's needs, preferences, and interests; taking into account his/her specific wants and desires. The interview process is designed to determine:

- The applicant's learning preferences;
- Current life skills;
- Vocational interests; and
- Independence levels.

The following information/documents should be included with the application:

- About Me
- Parent/Guardian Information
- Application for Hilltop/Community Services (if new to Arc services)
- 2 Letters of Recommendation
- Physical, Performed Within a Year
- Most Recent Life Plan
- Most Recent IEP (as applicable)

Additional information the Care Coordinator should provide:

- Eligibility Letter
- LCED
- Psychological Testing
- Social Assessments
- Behavior Plan (as applicable)
- OPWDD Notice of Decision (NOD)

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Or Attention Outreach

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Mt. Morris NY 14510

**About Me**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First MI

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ TABS ID#: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Why I would like to attend L.I.V.E.S. PROGRAM<sup>SM</sup>**

Why I would like to attend L.I.V.E.S. PROGRAM<sup>SM</sup> (attach additional pages if desired):

**About Me**

What I would like you to know about me (attach additional pages if desired):

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Parent/Guardian Form** *(recommended, but optional)*

<b>Parent/Guardian Information</b>	Name:	_____	_____	_____
		Last	First	MI
	Address:	_____		
	City:	_____	State: _____	Zip: _____
	Phone:	_____	Alt Phone: _____	
	Email:	_____	Relationship to Student:	_____
	Student's Name:	_____	_____	_____
		Last	First	MI

<b>Why you would like student to attend L.I.V.E.S. PROGRAM<sup>SM</sup></b>	Please discuss why you are interested in L.I.V.E.S. PROGRAM <sup>SM</sup> for the student:
<b>Assistance the Student had</b>	Please discuss any assistance the applicant had in completing this application. <i>(This will not affect the admissions decision process.)</i>

I understand \_\_\_\_\_ is applying for admission to attend the L.I.V.E.S. PROGRAM<sup>SM</sup>, a transition/postsecondary program, at SUNY-Geneseo in collaboration with Arc GLOW. If he/she is selected to participate, I will insure he/she will attend the program. I certify he/she meets the following eligibility criteria: has an intellectual or developmental disability, demonstrates a desire to continue his/her education, and displays socially appropriate behavioral and social skills in the school, home and community.

\_\_\_\_\_  
Parent/Guardian Name *(please print)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Personal Recommendation Letter #1

Person Requesting Letter	Name: _____
	Last <span style="margin-left: 200px;">First</span> <span style="margin-left: 150px;">MI</span>

About the Person Writing Recommendation	Name: _____
	Last <span style="margin-left: 200px;">First</span> <span style="margin-left: 150px;">MI</span>
	Address: _____
	City: _____ State: _____ Zip: _____
	Phone: _____ Alt Phone: _____
	Email: _____ Relationship to Applicant: _____
How long have you known the applicant: _____ Indicate Months / Years	

Please use a separate sheet of paper to discuss the following:

- Describe your relationship with the applicant
- Describe why you feel the applicant would benefit from a transition (vocational/employment and education) program at a postsecondary institution
- Describe the applicant’s desire to learn, using examples from your relationship

These letters should be no more than two (2) pages in length. Please sign your letter, seal your letter in an envelope and sign across the seal. Return the letter to the applicant, who must enclose it in his/her application packet.

## Personal Recommendation Letter #2

Person Requesting Letter	Name: _____
	<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>MI</span> </div>

About the Person Writing Recommendation	Name: _____
	<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>MI</span> </div>
	Address: _____
	City: _____ State: _____ Zip: _____
	Phone: _____ Alt Phone: _____
	Email: _____ Relationship to Applicant: _____
How long have you known the applicant: _____ Indicate Months / Years	

Please use a separate sheet of paper to discuss the following:

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## Acknowledgement of Responsibility and Student Release of Information Agreement

By signing this agreement, and by participating in the L.I.V.E.S. PROGRAM<sup>SM</sup>, I acknowledge SUNY Geneseo and Arc GLOW will be collecting information and data about my personal and academic achievements through this program.

I understand this information will be used to encourage my development, as well as to help improve the services provided by the L.I.V.E.S. PROGRAM<sup>SM</sup>.

I understand information gathered about me may be used in reporting to SUNY-Geneseo and Arc GLOW (funding agencies). I understand my name and image may appear in reporting documents and on the L.I.V.E.S. PROGRAM<sup>SM</sup> webpage.

I give SUNY-Geneseo and Arc GLOW the right to use my photograph, quotes, and/or video tapes of me for public relations and/or training purposes.

At all times SUNY Geneseo, Arc GLOW and its agents will, to the greatest extent possible, protect my privacy and confidentiality.

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Name *(please print)*

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Signature

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Date



## Sample Interview Questions

Students who submit a completed application form will be required to participate in an intake interview with members of the L.I.V.E.S. PROGRAM<sup>SM</sup> Admission Committee.

This interview will provide the student the opportunity to learn more about the program and give the Admissions Committee the opportunity to learn more about the student.

The questions below illustrate the types of questions that may be asked during the intake interview; there are no right or wrong answers to the questions and students do not need to prepare or rehearse answers to these questions.

- Why do you want to go to college?
- What do you know about SUNY-Geneseo and the L.I.V.E.S. PROGRAM<sup>SM</sup>?
- How will you get to and from college?
- What questions do you have about the L.I.V.E.S. PROGRAM<sup>SM</sup> and school?

You do not have to respond to these questions in writing

On the next two pages are the Application for Hilltop/Community Services.

It only needs to be completed if the applicant is *new to Arc GLOW services*.

*Be sure to include all requested documents if the applicant is new to us. Thank you for all your hard work on this!*



Date of Application: \_\_\_\_\_  
 Date Application Received by Arc: \_\_\_\_\_

## Application for Services

<b>PERSON SEEKING SERVICES</b>	Name: _____ <span style="margin-left: 150px;">Last</span> <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">MI</span>	
	DOB: _____	SS#: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	Medicaid #: _____	Current Residence Type: _____
	Address: _____	County: _____
	City: _____	State: _____ Zip: _____
	Phone: _____	Cell Phone : _____ OK to Text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email: _____ Preferred Method of Communication: _____		
<b>OTHER FAMILY / INVOLVED PERSON(S)</b>	Where did you hear about us? _____	
	Who is helping you apply for services, if anyone? _____ Phone : _____	
	Do you have a caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the section below:	
	Name: _____	
	Address: _____	
	City: _____ State: _____ Zip: _____ Phone: _____	
	Email: _____ Preferred Method of Communication: _____	
	Family/Involved Person: _____	
	Relationship: _____	
	Address: _____	
	City: _____ State: _____ Zip: _____ Phone: _____	
	Email: _____ Preferred Method of Communication: _____	
1 <sup>st</sup> Emergency Contact: _____		
Address: _____		
City: _____ State: _____ Zip: _____ Phone: _____		
Email: _____ Preferred Method of Communication: _____		
2 <sup>nd</sup> Emergency Contact: _____		
Address: _____		
City: _____ State: _____ Zip: _____ Phone: _____		
Email: _____ Preferred Method of Communication: _____		
<b>Documents Needed</b>	<input type="checkbox"/> <b>Any Plans Related to Behavior (if applicable)*</b>	
	<input type="checkbox"/> <b>Most Recent Psych Evaluation</b> <input type="checkbox"/> <b>Most Recent IEP (as applicable)</b> <input type="checkbox"/> <b>Eligibility Letter</b> <input type="checkbox"/> <b>LCED (current)</b> <input type="checkbox"/> <b>Exit Summary if Transitioning Student</b>	
<input type="checkbox"/> <b>Life Plan (most recent)*</b>		
<input type="checkbox"/> <b>HCBS Waiver NOD*</b>		
<input type="checkbox"/> <b>Most Recent Physical with medication list*</b>		
<p><small>*These documents are required for Arc GLOW Admissions Teams review to occur – a person’s information will not go to them until all are received.</small></p> <p style="text-align: right;"><small>These documents are also needed and will be most helpful to have at the same time</small></p>		

# Application for Arc Services

(continued)

<b>DO YOU HAVE A CARE COORDINATOR / MANAGER</b>	Care Coordinator Name: _____	Phone #: _____
	Organization: _____	Fax#: _____
	Email Address: _____	
	Address: _____	
	City: _____	State: _____ Zip: _____

<b>DIAGNOSES</b>	Please provide any Medical, Developmental or Psychiatric Diagnoses:	
	<b>COVID Vaccinated:</b>	<b>Booster/s:</b> <span style="background-color: yellow;">Please provide a copy of your vaccine card/s with your documents</span>
	Pharmacy: _____	
	Hospital Preference: _____	
Physician: _____		

<b>Self-Direction</b>	Are you participating in Self-Direction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name of Broker/contact: _____	Name of FI/contact: _____

<b>SERVICE/S REQUESTED</b>	<b><u>Please indicate services of interest:</u></b>	
	<b>DAY &amp; VOCATIONAL SERVICES</b>	<b>COMMUNITY &amp; Other SERVICES</b>
	<input type="checkbox"/> Site based Day Habilitation <input type="checkbox"/> Community based Day Hab <input type="checkbox"/> Site Based Pre-Vocational Programs <input type="checkbox"/> Community Pre-Vocational Programs <input type="checkbox"/> Supported Employment <input type="checkbox"/> Mental Health Employment Supports  These programs require admissions team review.  <b>Specific Program Requested:</b> _____ If LIVES, additional application materials are needed.	<input type="checkbox"/> Community Habilitation <input type="checkbox"/> Behavior Supports <input type="checkbox"/> Recreation <input type="checkbox"/> In Home Respite <input type="checkbox"/> Family Support Autism Support (maybe FSS general) <input type="checkbox"/> Self-Direction  <b>Specific Program Requested:</b> _____ If behavior supports, additional application materials are needed.
	<b>What types of supports would help?</b>	

This form **does not** require a signature.

Completed by (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Please e-mail completed form with documents to [jangililli@lwarc.org](mailto:jangililli@lwarc.org) Intake Department, Arc GLOW, 18 Main Street, Mt. Morris, NY 14510. Thank you so much for this referral. We look forward to working with you!