



GENESEE IGNITE

Inspiring Growth & Nurturing Independence Through Education

A Collaboration of Arc GLOW and Genesee Community College

Application

IGNITE is a partnership between Arc GLOW and Genesee Community College.

Genesee Community College is part the State University of New York (SUNY) system.

**Return Completed Application
& Materials to:**

Arc GLOW
janglelli@ArcGLOW.org

Application Process

While IGNITE is a college-based transition program designed to provide post-secondary education experiences for students with intellectual disabilities and/or other developmental disabilities, and who are eligible for OPWDD services, students will be admitted to Arc GLOW IGNITE SUNY GCC / Genesee Community College. Students in this program will not be matriculated students of Genesee Community College (GCC).

IGNITE will seek to accept new students each year. All applicants must complete an application process.

Potential applicants must come for a half-day tour of IGNITE. 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 IGNITE, so the ability to have reliable transportation to and from the GCC campus will be considered
- Have a working cell phone that they can utilize while on campus
- Be willing to make a two-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 and one additional 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
- 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
- Independence levels.

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

- About Me
- Parent/Guardian Information
- Application for Arc GLOW
- Two 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
- Behavior Plan (as applicable)
- OPWDD Notice of Decision (NOD.01)
- Exit Summary from School District

Important: If the applicant is enrolled in self-direction, please be sure to check that and include the type of budget.

Return Completed Application to:

jangililli@ArcGLOW.org

Please email documents - if you are absolutely unable to email them, please alert Outreach of this issue.

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 IGNITE

Why I would like to attend IGNITE *(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)*

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

Why you would like student to attend IGNITE	Please discuss why you are interested in IGNITE for the student:

Assistance the Student had	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 IGNITE, a transition/postsecondary program, at SUNY-GCC 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: _____
	<div style="display: flex; justify-content: space-between;"> Last First MI </div>

About the Person Writing Recommendation	Name: _____
	<div style="display: flex; justify-content: space-between;"> Last First MI </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:

- 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, but one page is sufficient. Please date and sign your letter, and email it to either their Care Coordinator, or jangililli@ArcGLOW.org, depending on the instructions of the student and Care Coordinator. Be sure you get a follow up email indicating that it was received. If you do not, please check in. E-mail is preferred.

Personal Recommendation Letter #2

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

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

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Acknowledgement of Responsibility and Student Release of Information Agreement

By signing this agreement, and by participating in IGNITE, I acknowledge SUNY GCC 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 IGNITE.

I understand information gathered about me may be used in reporting to SUNY GCC and Arc GLOW (funding agencies). I understand my name and image may appear in reporting documents and on the IGNITE webpage.

I give SUNY GCC 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 GCC, Arc GLOW and its agents will, to the greatest extent possible, protect my privacy and confidentiality.

Name *(please print)*

Signature

Date

Sample Interview Questions

Students who submit a completed application form will be required to participate in an intake interview with members of the IGNITE 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 GCC and IGNITE?
- How will you get to and from college?
- What questions do you have about IGNITE?

You do not have to respond to these questions in writing

On the next two pages are the Application for Arc GLOW.

Be sure to include all requested documents. Thank you for all your hard work on this!

The Care Coordinator should send these to us.

Please note that a two-step TB test will need to be completed if you are accepted to this program.



Date of Application: _____
 Date Application Received by Arc: _____

Application for Services

PERSON SEEKING SERVICES	Name: _____ <small style="margin-left: 100px;">Last</small> <small>First</small> <small>MI</small>	
	DOB: _____	SS#: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
	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: _____	
OTHER FAMILY / INVOLVED PERSON(S)	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 st Emergency Contact: _____		
Address: _____		
City: _____	State: _____ Zip: _____ Phone: _____	
Email: _____ Preferred Method of Communication: _____		
2 nd Emergency Contact: _____		
Address: _____		
City: _____	State: _____ Zip: _____ Phone: _____	
Email: _____ Preferred Method of Communication: _____		
Documents Needed	<input type="checkbox"/> Any Plans Related to Behavior (if applicable)* <input type="checkbox"/> Life Plan (most recent)* <input type="checkbox"/> HCBS Waiver NOD/NOD.01* <input type="checkbox"/> Most Recent Physical with medication list*	
	<input type="checkbox"/> Most Recent Psych Evaluation <input type="checkbox"/> Most Recent IEP (as applicable) <input type="checkbox"/> Eligibility Letter <input type="checkbox"/> LCED (current) <input type="checkbox"/> Exit Summary if Transitioning Student <small>These documents are also needed before program admission. Copy of any COVID Vaccine cards available also requested. Two Step TB may be required prior to program admission</small>	
<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>		

Application for Arc Services

(continued)

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

DIAGNOSES/MEDICAL	Please provide any Medical, Developmental or Psychiatric Diagnoses:	
	2 Step TB Testing Will Be Required For Day/Vocational - A Form Will Be Provided For You Once Service Is Approved	
	COVID Vaccinated:	Booster/s: Please provide a copy of your vaccine card/s with your documents
	Pharmacy: _____	
	Hospital Preference: _____	
Physician: _____		

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

SERVICE/S REQUESTED	<u>Please indicate services of interest:</u>	
	DAY & VOCATIONAL SERVICES	COMMUNITY & Other SERVICES
	<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. Specific Program Requested: _____ If IGNITE, 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 Services / Advocacy / Outreach / Autism <input type="checkbox"/> Self-Direction ISS Transportation Specific Program Requested: _____ If behavior supports, additional application materials are needed.
	What types of supports would help?	

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

Completed by (Please Print): _____ Date: _____

Please e-mail completed form with documents to jangiilli@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!