

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

(Learning Independence Vocational and Educational Skills)

## Application

Return Completed Application to:  
The Arc of Livingston-Wyoming  
Cathy Sullivan, Coordinator of Day, Community, and Intake Services  
18 Main Street  
Mt. Morris, NY 14510



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



**The L.I.V.E.S. Program at SUNY – Geneseo**  
**In collaboration with The Arc of Livingston-Wyoming**

**Application Process**

While the L.I.V.E.S. Program 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 The Arc of Livingston-Wyoming L.I.V.E.S. Program and not SUNY Geneseo. That is, students in this Program will not be matriculated students of SUNY Geneseo.

The L.I.V.E.S. Program will seek to accept 8-12 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 program. Potential applicants also must be OPWDD eligible and have Medicaid to receive the service and:

- Comprehend at a third-grade reading level (at least);
- Be able to communicate/use a communication device to communicate 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, and in a vocational situation;
- Demonstrate good social skills and the ability to act in socially appropriate manner;
- Have demonstrated independence and social skills, 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;
- Travel independently or be able to use the LATS public transportation system; and have a familial or natural support group to provide transportation to and from the college setting and other events as determined by the student that are not provided by the LATS bus system; and
- Be willing to make a four-year commitment.

Applications are due by April 15<sup>th</sup> for the following academic year. Once the complete application has been submitted, potential applicants will be contacted by the middle/end of May 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 by June 1<sup>st</sup> for students beginning in the fall semester. Decisions are based on:

- Applicant's learning needs and desire to attend the Program;
- Ability of the 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.

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.

<b>APPLICANT INFORMATION</b>	Name:	_____	_____	_____
		Last	First	MI
	Address:	_____		
	City:	_____	State: _____	Zip: _____
	Phone:	_____	Email: _____	
	Medicaid #:	_____	TABS ID#: _____	
High School Attended:	_____		Graduation Date: _____	

<b>PARENT/GUARDIAN INFORMATION</b>	Name:	_____	_____	_____
		Last	First	MI
	Address:	_____		
	City:	_____	State: _____	Zip: _____
Phone:	_____	Email: _____		

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

- About Me *(next page)*
- Parent/Guardian Information *(above)*
- Acknowledgement of Responsibility and Student Release of Information Agreement *(to be provided)*
- Emergency Contact/Medical Information Form *(to be provided)*
- Application for Hilltop/Community Services *(if new to Arc services)*
- Most Recent IEP
- Most Recent Life Plan
- OPWDD Notice of Decision
- 2 Letters of Recommendation
- Current Photo
- Physical, performed within the prior year



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

Why I would like to attend the L.I.V.E.S. Program *(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



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

<b>Parent 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>	<p>Please discuss why you are interested in L.I.V.E.S. Program for the student:</p>     
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<b>Assistance the Student had with Application</b>	<p>Please indicate any assistance the applicant had in completing this application. <i>(This will not affect the admissions decision process.)</i></p>     
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I understand \_\_\_\_\_ is applying for admission to attend the L.I.V.E.S. Program, a transition/postsecondary Program, at SUNY Geneseo in collaboration with The Arc of Livingston-Wyoming. 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



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## Personal Recommendation Letter

<b>About the Applicant</b>	Name: _____	
	<div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>MI</span> </div>	
	Address: _____	
City: _____	State: _____	Zip: _____

<b>About the Person Writing Recommendation</b>	Name: _____		
	<div style="display: flex; justify-content: space-between; width: 90%; 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 address 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 and seal it in an envelope with your signature across the seal. Return the letter to the applicant, who must enclose it in his/her application packet. Admission to the L.I.V.E.S. Program is offered on a rolling basis. Applications will be accepted starting April 15<sup>th</sup> annually and continue until the Program is full.

## Acknowledgement of Responsibility and Student Release of Information Agreement

By signing this agreement, and by participating in the L.I.V.E.S. Program, I acknowledge SUNY Geneseo and The Arc of Livingston-Wyoming 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.

I understand information gathered about me may be used in reporting to SUNY Geneseo and The Arc of Livingston-Wyoming (funding agencies). I understand my name and image may appear in reporting documents and on the L.I.V.E.S. Program webpage.

I give SUNY-Geneseo and The Arc of Livingston-Wyoming 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, The Arc of Livingston-Wyoming, and their 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 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?
- How will you get to and from college?
- What questions do you have about the L.I.V.E.S. Program and school?

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