



## **Total Life Project Application Form**

Dear Prospective Applicant:

Thank you for your interest in the Total Life Project. As you complete the application, please answer the questions fully, providing details and examples wherever possible. Please use extra sheets of paper if necessary. The information you provide will be shared with members of the review panel to help determine admission. You may be called in for an interview as part of the selection process.

Total Life is a transition program for young adults. Participant enrollment can vary from six months to two years. Applicants therefore will be accepted on a rolling admissions basis. Your application will be kept on file for two years unless you request that your file be removed.

If you have any questions or need help completing this application, please contact Debbie Bain at (302) 831-6974, or email [dbain@udel.edu](mailto:dbain@udel.edu)

### **Please mail your completed application to:**

University of Delaware  
Center for Disabilities Studies  
461 Wyoming Road  
Newark, DE 19716  
Attn: TOTAL LIFE PROJECT  
Fax: (302) 831-0350  
[dbain@udel.edu](mailto:dbain@udel.edu)

**Note: All Total Life documents are available in alternate format upon request.**

# Total Life Project Application Form

## GENERAL INFORMATION

Name: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Are you your own legal guardian? (Circle one) **Yes No Not Sure**

If **No**, please provide the name of your guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ email: \_\_\_\_\_

## HISTORY OF LIVING SITUATION

Review each of the living situations listed below. Please check ( ✓ ) those places you have lived in and indicate for how long.

Check ( ✓ ) if yes	Living Situation	How long?
	With parents	
	With other relatives	
	Alone	
	With roommates	
	Group home in community	
	DDDS residential facility	
	Nursing Home	
	Assisted living	
	Other (please specify)	

What is your current living situation? \_\_\_\_\_

Have you ever lived independently? (Circle one)    **Yes**    **No**    **Not Sure**

a. If so, what was that like for you?

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b. What are your plans/goals for your future with regards to your living situation?

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***Please go on to the next page .....***

**EMPLOYMENT/ VOLUNTEERISM/SCHOOL EXPERIENCES**

List your most recent job, volunteer work and school experiences. (Examples include, but are not limited to: civic groups, church groups, clubs, and sports)

Name of business, organization, school or group	Length of involvement (you may give date range)	Type of experience (circle one)	Your involvement, responsibilities (include hours/week)
		School Volunteer Employment	
		School Volunteer Employment	
		School Volunteer Employment	
		School Volunteer Employment	
		School Volunteer Employment	

a. What are your plans or goals for future education, employment and/or volunteering?

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**SUPPORTS & SERVICES**

a. Describe your disability and how it affects your daily life.

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b. What kinds of transportation do you currently use?

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c. What types of assistive technology/medical equipment do you use and describe how each device/technology helps you.

Assistive Technology/Medical Equipment	How the device/technology helps you?

d. Who helps/supports you with your everyday needs? (Examples may include: family members, friends, agency staff). What do they do? (Examples include, but are not limited to: case management, supported living, companionship services, personal attendant services, skilled nursing care, physical therapy, speech/language therapy.) If you need more space, you may make copies of this form.

Who supports you?	What do they do?	Hours/week?	Are they paid? (circle one)	Could they help you at Total Life?
			Paid Unpaid Not sure	Paid Unpaid Not sure
			Paid Unpaid Not sure	Paid Unpaid Not sure
			Paid Unpaid Not sure	Paid Unpaid Not sure
			Paid Unpaid Not sure	Paid Unpaid Not sure
			Paid Unpaid Not sure	Paid Unpaid Not sure
			Paid Unpaid Not sure	Paid Unpaid Not sure

**Note:** The Total Life Program will not provide skilled nursing care, group or individual therapy of any kind, chemical dependency treatment or therapeutic services for acute or severe mental illness. Arrangements may be made for those services through state agencies or private pay. Total Life staff will not be able to provide personal care for participants, however, participants are welcome to make arrangements for their own personal attendants.

For more information, please refer to the **“Total Life Services and Supports”** sheet.

**MEDICAL**

- a. Do you currently have medical insurance? **Yes** **No**
- b. What type of medical insurance/ coverage do you currently have?

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Note: *In order to participate in Total Life, documentation of medical insurance is required.*

**ALL ABOUT ME**

Please answer the following questions completely. You may use additional sheets of paper if needed.

- a. Things that I enjoy doing are...

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- b. In the community, I'm involved in...

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- c. I advocated for myself when...

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- d. I am interested in participating in the Total Life Project because...

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- e. Independent living means...

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f. What people like or admire about me...

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g. In 5 years, I hope...

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**VERIFICATION AND SIGNATURE**

I have completed this application to the best of my knowledge and all information is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person helping me complete this application (if any):

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Relationship to Applicant: \_\_\_\_\_

Phone/email contact Information : \_\_\_\_\_

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Center for Disabilities Studies  
461 Wyoming Road  
Newark, DE 19716  
Attn: TOTAL LIFE PROJECT

Questions ??? Contact Debbie Bain  
(302) 831-8733  
[dbain@udel.edu](mailto:dbain@udel.edu)