

**Dignity Works Here at RCC
Presents Project ELEVATE**
Enrollment Form 2023

Name of individual attending: _____

Address: _____

Date of Birth: _____

Is 17A Guardianship in place? Yes _____ No _____

Parent/Legal Guardian: _____

Parent/Legal Guardian Address _____

Parent/Legal Guardian Cell Number _____

Other Phone Number _____

Parent/Legal Guardian Email Address _____

Individual's Email Address (if they have one) _____

Does the individual attend school? Yes _____ No _____

If YES, what school? _____

If NO, what does your day look like? _____

Do you have Self-Direction?

Yes _____

No _____

If YES, what is your Self-Direction Broker's Name: _____

If Yes, what is your Fiscal Intermediary Agency: _____

Will a Community Habilitation Worker be attending with the individual? Yes _____ No _____

If Yes, Name of Community Habilitation Worker: _____

Email of Community Habilitation Worker _____

Cell Number of Community Habilitation Worker _____

What supports/modifications/accommodations would the individual need to have a successful experience at DWH/RCC - Project ELEVATE? _____

What safeguards would be needed for the individual to have a successful experience at DWH/RCC - Project ELEVATE? _____

Please describe any behaviors that may need redirecting and how best to handle them. _____