Youth Employment Solutions (YES1)
2023 Application

Please refer to the instructions and checklist to ensure proper completion of the application package.

Program dates: July 9 to July 20, 2023

Location: Washington State School for the Blind in Vancouver, Washington

Age range: 14-16 years

**Due by February 27, 2023**

1. Application
2. Cover Letter
3. Consent Form

This application can also be found on our website at [www.dsb.wa.gov/](http://www.dsb.wa.gov/)

To ensure complete accessibility, **YES 1 Applications need to be downloaded on a computer and completed electronically.** If you have any issues completing the application electronically, please contact us.

**IMPORTANT NOTES ABOUT RETURNING THE APPLICATION**

**DO NOT EMAIL APPLICATIONS WITHOUT USING THE SECURED EMAIL PROCESS.** This application contains confidential information about the applicant. Once the application is completed, email Jen Scheel at jennifer.scheel@dsb.wa.gov letting her know that you are ready to return the application. **You will be sent instructions on how to send the application via secure email to protect your child’s information.**

The “Consent Form” can be signed electronically.

# Instruction for Screen Reader Users

* Please hit ENTER to type in each field.
* Then TAB to go to the next field.
* Use SPACE BAR to check boxes.

# Section 1 Applicant Information

Applicant Name

|  |
| --- |
|  |

Birth Date

|  |
| --- |
|  |

Age as of July 9th, 2023

|  |
| --- |
|  |

Home Address, including street, city, state, and Zip Code

|  |
| --- |
|  |

Mailing Address, if different from Home Address

|  |
| --- |
|  |

Applicant’s Email Address

|  |
| --- |
|  |

Applicant’s Cell Phone Number

|  |
| --- |
|  |

Preferred Pronouns

|  |
| --- |
|  |

Current School Grade

|  |
| --- |
|  |

Graduation year

|  |
| --- |
|  |

# Section 2 Contact Information

Parents/Guardians, Emergency Contact, and Teachers/School Counselors

## Parent or Guardian 1

Name

|  |
| --- |
|  |

Home Address
including street, city, state, and zip

|  |
| --- |
|  |

Mailing address
if different from Home Address

|  |
| --- |
|  |

Best Contact Phone Number

|  |
| --- |
|  |

Second Phone Number

|  |
| --- |
|  |

Email Address

|  |
| --- |
|  |

## Parent or Guardian 2

Name

|  |
| --- |
|  |

Home Address
including street, city, state, and zip

|  |
| --- |
|  |

Mailing Address
if different from Home Address

|  |
| --- |
|  |

Best Contact Phone Number

|  |
| --- |
|  |

Second Phone Number

|  |
| --- |
|  |

Email Address

|  |
| --- |
|  |

## Alternate Emergency Contact

Name

|  |
| --- |
|  |

Relationship to Applicant

|  |
| --- |
|  |

Best Contact Phone Number

|  |
| --- |
|  |

Second Phone Number

|  |
| --- |
|  |

Email Address

|  |
| --- |
|  |

## TVI Contact Information

At the end of YES 1 a summary report is emailed to you and your family. Please indicate below if you would also like this report to be sent to your Teacher of Students with Vision Impairment (TSVI). A copy of the report will then be emailed to your teacher.

**[ ]  Yes**, I would like a copy of my report emailed to my child’s TSVI. ***Please check the box on the Consent Form so that DSB is authorized to send information.***

**[ ]  No**, please do not share my child’s report with anyone

Teacher of Students with Vision Impairment name

|  |
| --- |
|  |

Email Address

|  |
| --- |
|  |

Best Contact Phone Number

|  |
| --- |
|  |

Name of School

|  |
| --- |
|  |

# Section 3 Visual Impairment and/or Additional Disabilities

Attach additional pages at the end of application if more space is needed.

Cause of vision loss

|  |
| --- |
|  |

Check the box next to the legal description of Applicant’s vision

[ ] Low vision [ ] Legally blind [ ] Totally blind

Describe how Applicant’s vision affects daily activities. For example, participating in household chores, helping in the kitchen, taking out the trash, choosing clothes, matching colors, etc.

|  |
| --- |
|  |

Is Applicant sensitive to bright glare? [ ] Yes [ ] No

Do they see best with high contrast? [ ] Yes [ ] No

Describe Applicant’s use of low vision tools, for example, a monocular, magnifiers

|  |
| --- |
|  |

Describe problems related to speed, fatigue, and accuracy with visual tasks

|  |
| --- |
|  |

Describe Applicant’s level of independence in travelling…

In their neighborhood?

|  |
| --- |
|  |

To the store?

|  |
| --- |
|  |

To school?

|  |
| --- |
|  |

Does Applicant use public transportation? [ ] Yes [ ] No

When traveling, does Applicant use a [ ]  Cane? [ ] Monocular?

What does the student utilize to access school curriculum? (magnification/screen reading software, Braille, etc.)

|  |
| --- |
|  |

How does the applicant access the internet? (iPhone/iPad, Android, PC/Mac, etc.)

|  |
| --- |
|  |

Describe Applicants keyboarding, Microsoft word/excel, and email skills:

|  |
| --- |
|  |

Describe any additional disabilities Applicant may have and how that impacts their daily activities.

|  |
| --- |
|  |

Describe Applicant’s leisure/recreational activities.

|  |
| --- |
|  |

Does Applicant advocate for their needs? Please describe

|  |
| --- |
|  |

# Section 4 Medical/Mental Health Conditions and Special Needs Information

To ensure that applicant has the best experience possible please provide full disclosure to the following questions. Lack of disclosure or incomplete information regarding a medical or behavioral/emotional condition could compromise applicant’s participation in the YES1 program. Complete information is vital to an applicant’s ability to fully participate, to their safety, and is essential to our being able to work most effectively with each participant. Non-disclosure could be grounds for termination from YES1.

One at a time, list any medical conditions, including social/emotional conditions, and describe how they affect Applicant’s daily activities. If none, please put N/A

Condition Number 1

|  |
| --- |
|  |

Condition Number 2

|  |
| --- |
|  |

Condition Number 3

|  |
| --- |
|  |

Does Applicant have any allergies? Please list.

Food

|  |
| --- |
|  |

Medication

|  |
| --- |
|  |

Other (e.g., to bees)

|  |
| --- |
|  |

Does Applicant have any dietary restrictions? Please list.

|  |
| --- |
|  |

Please complete the following for each medication Applicant takes and indicate their level of independence in taking it: **Independent**, no help needed; **Semi-independent**, some help needed, or **Low or no independence**, needs a lot of help.

If Applicant doesn’t take any medications, please indicate with N/A.

Medication number one

|  |
| --- |
|  |

Level of independence

[ ]  Independent [ ]  Semi-independent [ ]  Low or no independence

Medication number two

|  |
| --- |
|  |

Level of independence

[ ]  Independent [ ]  Semi-independent [ ]  Low or no independence

Medication number three

|  |
| --- |
|  |

Level of independence

[ ]  Independent [ ]  Semi-independent [ ]  Low or no independence

List any additional medications and Applicant’s level of independence taking them here

|  |
| --- |
|  |

# Section 5 Special Accommodations

List any special accommodations and or services Applicant will need in order to participate in the YES1 program (e.g., wheelchair access, sign language interpreter, etc.)

|  |
| --- |
|  |

# Section 6 Daily Living Skills

The following table consists of 2 columns: a column listing skill area and a column for a description of Applicant’s skills. Completing this section gives us an understanding of the self-care areas in which Applicant is proficient and the areas in which they may need additional assistance. The Applicant’s level of independence in these skills is not a determining factor for their acceptance to the program. Good descriptions help us to better understand their skill levels.

| SKILL AREA | DESCRIPTION |
| --- | --- |
| Brushing teeth |       |
| Washing and brushing hair |       |
| Taking care of feminine hygiene needs |       |
| Shaving |       |
| Knowing when their clothes are dirty and need to be laundered |       |
| Dresses appropriately for the activity |       |

Additional comments (attach additional pages if needed)

|  |
| --- |
|  |

# Section 7 Additional Information Needed to Complete Application

[ ]  Cover Letter (Applicant to write cover letter)

[ ]  Consent form

Application will not be reviewed until all forms are completed and returned to us. Applicant will also need to turn in a Consent Form and a cover letter for application to be complete.

All forms are attached to the application email. If you need additional copies of any form, please contact us.