**VRCBVI Application for the 2017 LIFE**

**(“Learning Independence, Feeling Empowered!”) Program**

Dear LIFE 2017 Applicant and Family:

Thank you for applying for LIFE summer program at the Virginia Rehabilitation Center for the Blind and Vision Impaired (“VRCBVI”). We are excited to offer an interactive blindness skills training program, a real-world work experience, and vibrant confidence building activities this summer.

**Requirements to participate in the 2017 LIFE Program:**

If you meet the following requirements, please complete the application packet and submit to VRCBVI. By submitting an application, you acknowledge that you meet all required criteria:

Applicants must:

* Be at least 14 years old and returning to a high school academic program in the fall of 2017
* Be blind or vision impaired
* Be able to actively participate in all five weeks of the program
* Be able to participate in a group structured program
* Be able to take care of personal care needs independently, including managing and self-administering medications
* Have a valid State of Virginia ID card

**Application Check List:**

All applications must include the following documents. Please do not submit incomplete application packets.

* VRCBVI 2017 LIFE application form (see below).
* DBVI health checklist/general medical form completed by a medical professional and dated within one year of submitting LIFE application. If a student attended a summer program at VRCBVI in 2016, the health form submitted for that program is acceptable, provided the parent(s) submit a statement that the student’s 2016 health information has not changed and is still accurate.
* eye report completed by a medical professional dated within one year of submitting LIFE application

**Acceptance Status:** Within one week of reviewing the **completed application packet** as described above and conducting an interview with you and your parent/s, we will make a decision concerning your application and notify you regarding your acceptance to the 2017 LIFE Program. If you are accepted into the 2017 LIFE program, you will then receive liability waiver and activity forms that you will be required to sign and return to VRCBVI prior to the program start date, July 9, 2017. If, after you have been accepted into the 2017 LIFE program, you decide to cancel your participation, please contact Greg Chittum at 804-371-3151 or greg.chittum@dbvi.virginia.gov so that students who are on the waiting list can be scheduled.

**Important Information to Remember:**

**Deadline for Application:** ***June 5, 2017***, or until the program is full.

**Dates of Program:** The five week program begins Sunday, July 9, 2017 and will end on Friday, August 11, 2017, at noon.

**Attendance Requirements:**  Because this program is short and concentrated, we require that students who are accepted **attend all five weeks.** The only exception to this requirement is for students who are starting back to school during the last week of the LIFE program. If this is the case for the applicant, please attach documentation pertaining to when the student will be starting school. All students must participate in weekday classes and evening (6:00 p.m.-8:00/9:00 p.m.) and Saturday confidence building activities.

**Additional questions:** Please refer to our flyer on our website, <https://www.vrcbvi.org/YSprograms.htm>, or contact Greg Chittum by phone at (804) 371-3151 or by email at Greg.Chittum@dbvi.virginia.gov.

We are looking forward to a great summer! Hope to see you soon!

Greg Chittum, Special Projects Coordinator

Virginia Rehabilitation Center for the Blind & Vision Impaired

401 Azalea Avenue

Richmond, Virginia 23227

Phone: (804) 371-3151

Fax: (804) 371-3092

Twitter: [@VRCBVI\_Strong](https://twitter.com/VRCBVI_Cares)

Facebook: [VDBVI](https://www.facebook.com/VDBVI)

Worldwide Web: <https://www.vrcbvi.org/>

YouTube: [VRCBVI](http://www.youtube.com/playlist?list=PLwsqnBw28gUNgMMSkH_eYci37g9XY6Qzd)

**LIFE 2017 Student Application**

Applicant’s Name:

Grade in school (Fall 2017):

Date of birth:

Mailing Address:

Physical Address (if different from above):

Applicant cell number:

Parent/Legal Guardian Phone Numbers:

(Home):

(Cell):

(Work):

Emergency contact person:

Name:

Address:

Phone:

If the applicant is dismissed from VRCBVI or during any emergency closings, the applicant will return to the following address (if different from above):

If you are applicant’s legal guardian, do you have a copy of the court documents demonstrating same? (Please fax a copy of the legal guardianship court order to VRCBVI at (804) 371-3092).

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ If no, please explain:

If the applicant is involved in a situation where parents have joint custody, please fax any documentation pertaining to this arrangement to VRCBVI, Attention: Greg Chittum at (804) 371-3092. If the applicant’s parents have joint custody of the applicant, all forms and documentation pertaining to the LIFE program must be signed by both parents.

Yes, I have sole custody of applicant: \_\_\_\_\_\_\_\_

Yes, \_\_\_\_\_\_ and \_\_\_\_\_\_ have joint custody of applicant.

Applicant’s email address:

Parents’/Guardians’ email address:

Best time/method to contact parent/guardian:

Name:

Time: Method:

Additional information about the applicant:

Cause of blindness and visual acuity:

Has the applicant ever attended a summer training program? If so, please list the program(s) and date(s) of attendance.

Does the applicant have other disabilities in addition to blindness?

Yes

No

If yes, list here.

Current Medical Providers:

Name of Physician:

Address:

Phone:

Name of Ophthalmologist:

Address:

Phone:

Describe any medical, psychological, emotional, or physical limitations:

Does the applicant have any allergies?

Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any adjustment problems:

Specify any special socialization needs:

Are special accommodations needed in the dormitory?

Please specify if required:

Adapted bathroom:

Deafblind accommodations:

Personal assistance aide:

Other:

Does the applicant have an open case with the Virginia Department for the Blind and Vision Impaired (DBVI)? If yes, please provide the rehabilitation counselor’s or education coordinator’s name:

What are the applicant’s goals for attending this program?

What does the applicant enjoy doing in his/her free time?

What types of jobs is the applicant interested in doing?

Does the applicant have any previous work experience?

Yes

No

If yes, list employer(s) and types of jobs performed.

Is there anything else the applicant wants to let VRCBVI staff know?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custodial Parent/Guardian Name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custodial Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custodial Parent/Guardian Name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custodial Parent/Guardian Signature

**Student Learning Contract**

Virginia Rehabilitation Center for the Blind and Vision Impaired LIFE 2017 program promises to be a worthwhile experience for students who take advantage of the opportunities offered by the program. To maximize learning, we have identified expectations to ensure a safe and productive summer. We ask that parents and students review this list together. The expectations are as follows:

Students will:

1. Never leave the facility without an adult (parent, approved family/friends, or staff).

2. Be responsible for telling the Center Case Manager or Administration about any problems.

3. Treat all students and staff with courtesy and respect.

4. Only gather with other students in approved common areas.

5. Use a cane at all times.

6. Understand that he or she will be using sleepshades during classes and occasionally during evening and weekend activities, as requested.

7. Not use cell phones during instructional times.

8. Not use tobacco products or illegal substances such as drugs or alcohol.

9. Actively participate in all aspects of the program, including evening and weekend activities.

Please sign below to certify that you have read and understood the student expectations. Failure to follow these policies can result in expulsion from the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (print) Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custodial Parent/Guardian Name Custodial Parent/Guardian

(print) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date