

Whole
CommUNITY
Academy



Program Application
For New Students
2025-2026 School Year

Student Name:

Student's current school district:



Whole CommUNITY Academy

Application Purpose and Guidelines:

The purpose of this application process is to determine if the student applying for the program would be an appropriate candidate for our Grade 23 transitional option. **Whole CommUNITY Academy** staff will take time with each student's application to determine whether that student would be able to excel and benefit from our curriculum. A selection committee will then work together to properly assess each candidate's skills, abilities, and preferences. The goal is to ensure that each student selected will be successful for competitive employment.

The application process includes the following (with attachments included):

1. **A WCA application must be completed within the timeframe allotted and will not be considered if it is postmarked or received after the closure date. An incomplete WCA application will also not be considered.** Applications can be turned in either via USPS mail or hand delivered, dropped off at the Whole Latte Love Cafe. **Email or faxed applications will not be accepted.** Please use the following options to ensure your application is received properly:

Mail to: **Whole CommUNITY Academy**
Attn: Beth Humbert
1306 S. Main St.
North Canton, OH 44720

Dropped off: **Whole Latte Love Cafe**
1308 S. Main St
North Canton, OH 44720

**Accepting Applications
beginning January
2025 !**

**Last application
accepted 00/00/00**

2. Once the WCA application is received, the student and parents will then be contacted to arrange an interview. Whole CommUNITY Academy staff will also schedule to visit the student's school district/classroom for an observation.
3. The WCA application must include two letters of recommendation. Details for these letters have been included with the application and can be filled out by teachers, intervention specialists, former supervisors, coaches, a Service Coordinator, Transition Specialist, etc. Students will need one personal letter and one professional letter of recommendation.
4. Applications for the Autism Scholarship Program (ASP) through the Department of Education **must be completed by April 1st** should the student receive a letter of acceptance to Whole CommUNITY Academy.
5. WCA Applications must also have a current copy of the student's IEP attached, in addition to other information if applicable. All of the information needed is listed on page 2. Applications will be considered incomplete and not eligible for the program should some of the needed paperwork be missing.



Entrance Criteria: All students of *Whole CommUNITY Academy* must agree to the following (*please initial after reading each statement below, indicating an understanding by family and applicant*):

- _____ There is a desire to learn more about vocational opportunities, as well as a commitment to work in the community in a competitive setting once completing Whole CommUNITY Academy.
- _____ Must have the Autism Scholarship Program or funding from your neighboring School District, or have the ability to privately pay.
- _____ Complete all of the OH academic requirements to graduate from high school and must have an agreement with the neighboring school district to hold the diploma until *Whole CommUNITY Academy* has been completed.
- _____ Must meet eligibility criteria for Vocational Rehabilitation Services (an open case with OOD is not needed).
- _____ Must have independent personal hygiene and grooming skills and be able to adhere to any uniform expectations that develop with a work site request.
- _____ Should the student have DODD county board services, the ISP must indicate the student can be in the community for up to 4 hours with a job coach.
- _____ Must be able to learn, retain and maintain appropriate communication skills through conversation or a speaking device if needed.
- _____ Must be able to learn, retain and maintain socially appropriate work-readiness behaviors in the classroom, the community, as well as at the worksite.
- _____ Must be able to pass a background check, drug test and/or comply with confidentiality agreements if the work-site requires it.
- _____ Must be between the ages of 17-22 years old with a full year of school eligibility remaining before the student's 22nd birthday.

Complete Application Checklist

All of the following paperwork needs to be included with the final application that is submitted to the selection committee.

- _____ Completed WCA Application, *including signature and date. Provide proof of residence, i.e. current utility bill in family's name*
- _____ Official transcripts from school with embossed seal or signatures for authorized staff
- _____ Current IEP from school including transition goals
- _____ Most current Evaluation Team Report (ETR)
- _____ Personal Essay
- _____ Proof of insurance
- _____ Two Letters of Recommendation
- _____ Attendance record from current school



Application

Personal Information

Student's Full Name: _____

DOB: ____/____/____

Gender: Male Female

Are you your own guardian? Yes No

Street Address

City

State

Zip Code

District of Residence: _____

Current School: _____

Phone Number: _____

Email: _____

Social Security Number: _____

Parent/Guardian Full Name: _____

Street Address

City

State

Zip Code

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Relationship to student applicant: _____

Release of information:

If the student is own guardian:

By signing below, I consent that the staff of *Whole CommUNITY Academy* can communicate and have access to my high school records in regards to this application. Staff may speak with and obtain needed information from the school, my family, stakeholders, therapists, etc. as my application is reviewed.

Student's Signature _____ Date

If the student is not own guardian:

By signing below, I consent that the staff of *Whole CommUNITY Academy* can communicate and have access to my student's high school records in regards to this application. Staff may speak with and obtain needed information from the school, family members, stakeholders, or therapists, etc. as part of the application reviewing process.

Guardian signature

Date



Education information

What high school is the student currently attending? _____

Will the student have the graduation requirements fulfilled by the end of this current school year? Yes No

Level of participation during school (Please choose one of the following):

____ Fully included in regular coursework and classes

____ Partially included in regular coursework and classes

____ Attended special education courses only

____ Attended a school specifically for special needs

Does the student have any post-secondary experience? Yes No

If yes, please describe. Include college name, classes completed and dates taken:

Please list any clubs/ extracurricular activities that the student might be involved in:



Independence

While it is not required that students perform these tasks with full independence, we do like to know what independent skills have been mastered in order to ensure we are building our curriculum for each student correctly and efficiently. Please select which level of support your student needs for each scenario and explain

Student requires medication, is able to take medication and does so without supervision

Student needs some support in this area. Please describe level of support:

Student is able to use their telephone to communicate independently

Student needs some support in this area. Please describe level of support:

Student is appropriately capable of effectively communicating wants / needs through conversation or a speaking device with peers or adults

Student needs some support in this area. Please describe level of support:

Student is able to manage stress and can deregulate changes in routine on their own

Student needs some support in this area. Please describe level of support:

Student is able to seek out and prepare a snack or small meals on their own

Student needs some support in this area. Please describe level of support:



Employment Preferences

What type of employment are you interested in learning more about ?

Please list the past places you have either worked or volunteered (use additional paper if needed)

Employer Name	Job Title	Duties of Job	Supervisor Name	Paid or unpaid?



Have you ever been fired from a position?

Yes No

If yes, please explain:

Have you ever quit a position?

Yes No

If yes, please explain:

If you have had summer youth work experiences with OOD, please identify what you learned and whether you enjoyed it. Tell us if you had a favorite place:

Additional Information

Transportation – How do you plan to get to and from *Whole CommUNITY Academy*? (Circle Below)

Parents **Transportation Agency** **Self Driven** **Unsure at this point**
(set up through school contract)

Does the student currently have services through Opportunities for Ohioans with Disabilities (OOD)?

Yes No

If yes, please list current vocational counselor's name: _____



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Does the student currently have services through the County Board? Yes No

If yes, please list current SSA name:

Additionally, please list the waiver the student is on: I/O Level One SELF Other

Does the student currently receive any of the following supports? Check all that apply and discuss services and supports:

Counseling Services

Provider (HPC) for additional support and services

Supplemental Security Income (SSI)

Social Security Disability Insurance (SSDI)

Speech

OT

PT

Please describe your students' strengths.

Tell us ways we can support your student.



What accommodations have benefitted your student in the classroom and/or in the worksite?

Please list all medications that your student is taking and how often:

Does the student have a criminal history or background that may prohibit him/her from securing community employment? Yes No

If yes, please describe:

Is the student able to pass a drug test if the worksite requires it? Yes No

If no, please explain:



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Are there any behaviors (aggressive or verbal) that might impact the student's learning, on the job experiences, or other student's development? If yes, please describe.

*** This question is extremely important and needs to be answered to the best of your knowledge and as detailed as possible.** If there are any aggression or behaviors, we would like to know ahead of time.

Should the student need to be assessed by a doctor, would the student be medically cleared to work?

Yes No

If no, please describe:

Has the student had all of their immunizations and are they up to date? Yes No

If not, please attach a copy of the exemption form.

Does the student have any allergies? Yes No

If yes, please list:

Does the student need to carry an Epi-pen? Yes No

If yes, are they able to self administer? Yes No

If there is additional information you would like to share in regards to education background, work and/or medical history, etc. please use the space below to do so.



Essay and References

Student Essay: *We are asking that the student complete this portion of the application.*

In your own words, please create a personal essay answering the following questions:

1. Why would you want to attend *Whole CommUNITY Academy*?
2. If you could have ANY job in the world, what would be your dream job?
3. What do you enjoy doing when you aren't in school?
4. What would you want the team at *Whole CommUNITY Academy* to know about you?

Your student can create his/her essay **in any form best suited to them**. For example, it can be typed, it can be hand-written, or as a PowerPoint, or recorded as a video. Your essay can tell a story, and it can include pictures, drawings, songs, or drawn as a comic strip, etc.

Letters of Recommendation:

All students applying to the program must include:

1. One personal letter of recommendation and
2. One professional letter of recommendation

Personal Letter:

A personal letter of recommendation can come from a friend, a neighbor, a family member that lives outside of the home, or anyone who has a personal relationship with the applicant. The person completing the letter of recommendation must include a formal letter that includes the following:

1. Name and relationship to student
2. Address the students skills and interests if known
3. Why they feel the student would be a good fit for our program

Professional Letter:

A professional letter of recommendation can come from a teacher, a coach, a former counselor, a Sunday School teacher, or anyone who knows the student in a professional manner. The person completing this letter of recommendations should include a formal letter that discusses the following:

1. Name and relationship
2. How many years they have known the student
3. Discuss work ethic and motivation
4. Why they feel the student would be a good fit to our program.

Letters can also discuss the following:

1. Social skills
2. Time management and completing deadlines
3. Self-Advocacy
4. Emotional/ Stress management skills

**Please Note: ALL letters of recommendation are due at the time the application is submitted.
An application that does not have letters of recommendation will not be considered**



Signature Page

Please read and understand the following before signing:

1. I certify that all of the information I have provided on the application is correct. Should there be any changes that need to be made to the application after submission, I will contact the Director of Whole Latte Love Cafe, Beth Humbert, as soon as possible.
2. I understand that all of the information I have provided on this application will remain confidential and only discussed with the parties involved. This includes the selection committee, and school professionals.
3. I understand that placement and acceptance in this program is decided without any regard to race, color, national origin, religion, sex, age or presence of disability.
4. I understand that should I be accepted into this program, additional paperwork provided at orientation may need to be completed prior to my final enrollment.

I have read, understand, and agree with the statement above

Applicants Printed Name

Applicant Signature

Date

I have also read understand, and agree with the statement above

Guardian Printed Name

Guardian Signature

Date