

Giant Step Services Parent Application

Please complete all items on this application and return to Giant Step Services at:

P.O Box 5043 Hauppauge, New York 11788.

Date: _____

I. General Information

Applicant's Name: _____

Address: _____

SS#: _____ Date of Birth: _____

Mothers Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Fax: _____ Mothers Email: _____

Occupation: _____

Marital Status: _____

Fathers Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Fax: _____ Mothers Email: _____

Occupation: _____

Marital Status: _____

Parent Responsible for Tuition: _____ Mother _____ Father _____ Both

Has Guardianship been established? _____ Yes _____ No

Date: _____

Please record the names and ages of all siblings.

Brother/Sister	Age	Name

II. Medical Information

1. Once accepted to the STEP Program, a student is required to submit a completed medical form.
2. If the applicant takes medication, he or she must be able to self monitor the medication.
3. Please describe and comment on any physical conditions or limitations that you find pertinent.

III. Independence Skills

Please complete the following chart.

My son/daughter can:

	Never Tried	Not At All	With Help	Yes
Cook a Snack				
Cook a Meal				
Do Laundry				
Make a Bed				
Wash Dishes				
Make Change				
Shop for Clothing				
Shop for Food				
Use Public Transportation				
Drive a Car				
Time and Money Management				

Additional information on about needs or abilities in the area of independent living skills:

The STEP Program requires two written recommendations. These should come from individuals who are outside of the family. Teachers, guidance counselors and former employers are suggested sources for obtaining recommendations.

Recommendations will be sent from:

Name: _____

Title/Postion:_____

Address:_____

Work Phone:_____

Name: _____

Title/Postion:_____

Address:_____

Work Phone:_____

IV. Vocational History

Has the applicant ever retained a volunteer, or internship position? _____ Yes

_____ No

If yes, Name of Company? _____ From :_____ To _____

Name of Company _____ From: _____ To _____

Name of Company _____ From: _____ To _____

Does the applicant express any interest in a particular vocational area?

Has the applicant ever held a paying job? _____ Yes _____ No

If yes, Name of Company? _____ From :_____ To _____

Name of Company _____ From :_____ To _____

Name of Company _____ From :_____ To _____

V. Social Background

Please use the following scale to rate the applicant's comfort level in relation to the following:

- (1) No comfort
- (2) moderate
- (3) fully comfortable

Peers: _____ Co-Workers: _____

Young Children: _____ Supervisory Adults: _____

Additional Comments:

Please explain and comment on any experiences your son or daughter has had living away from home at a school or camp (for a minimum of four weeks) please include dates, duration of time, and any difficulties.

Name of Camp/ School

Dates attended

_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____
_____	From _____ to _____

Giant Step Services Application Requirements

Completed application form

Latest WAIS Exam

Latest IEP

High School Transcript if available

Two letters of recommendation (School or work)

\$50.00 Application Fee

Please Mail the above to Giant Step Services, P.O Box 5043 Hauppauge, New York 11788.