



3LPlace Online Programming Application

3LPlace
212 Holland Street
Somerville, MA 02144-1975
www.3LPlace.org

4-14-2020

Thank you for your interest in 3LPlace's Online Learning Program!

The decisions ahead of you and your family at this time are exciting, important, and stressful. At 3LPlace, we want to help you make decisions that will help lead to a satisfying, productive, and as independent a life as possible. We want to know and understand your needs, just as we want you to better understand 3LPlace. "FIT" matters to us both.

We begin our journey with this application, which is designed to help us figure out together if 3LPlace Online Programming is right for you. When we receive it, along with an assessment fee of \$150, which covers the cost of our staff's evaluation of each individual and their needs, we will review it with care

If you have any questions about this process, please contact us before applying. We are happy to discuss it with you and to explain exactly what you can expect. This is a partnership between us, and we want you to feel comfortable and empowered as we work together to make this decision.

Along with the application form, please send us the documents listed in the checklist on the following page. 3LPlace is not a mental health treatment program, so if your family member has a history of psychiatric issues, please discuss that with us frankly so that we can jointly determine the appropriateness of our programming.

3LPlace has a rolling admissions process. The application process takes approximately 2 weeks.

Once your application is received, we'll contact you to discuss any questions. We will also schedule two 15-30 minute online conversations with 3LPlace's Clinical Director.

At any point in the admission process, if there are questions about the appropriateness of our programming, we may request additional information.

Please send your application and materials to 3LPlace: You can forward materials by email to info@3lplace.org and pay the required application fee via [Paypal](#) on our website.

We look forward to working with you!

CHECKLIST

Here's a handy guide to make sure you send along everything we need. Please include it with your application. We regret that we cannot process incomplete applications.

Participant Name: _____

- Completed application
- \$ 150 application fee
- Most recent IEP or ISP
- Two current references (within the last 9-12 months)

Date of application:**Preferred enrollment date:**

Name of Prospective Member	
Member's Date of Birth & SSN	
Gender: Male/Female/Non Binary	
Pronouns used (he/him, they/them, she/her)	
Address: Street, City, State, ZIP	
Name of Parent/Guardian (Completing Application)	
Address if different from member: Street, City, State, ZIP	
Phone & Email	
Name of Parent/Guardian	
Address if different from member: Street, City, State, ZIP	
Phone & Email	
Member's Primary Diagnosis	
Member's other diagnostic Information (if applicable)	
Is your member now enrolled in a school program? (Y/N)	
<i>If yes, where? When do they turn 22?</i>	
Is your member enrolled in a CBDS Program? (Y/N)	
<i>If yes, how many hours a week and provider name</i>	
Is your member enrolled in a DayHab Program? (Y/N)	
<i>If yes, how many hours a week and provider name</i>	
Does your member have in-home services (Y/N)	
<i>If yes, how many hours a week, type, and provider</i>	
Does member receive services through insurance (Y/N)	
<i>If yes, how many hours a week.</i>	
Does your member receive any mental health counseling or related services? (Y/N)	
<i>If yes, how many hours a week?</i>	
Does your member receive Personal Care Attendant (PCA)? (Y/N)	
<i>If yes, how many hours a week?</i>	
Does member have an Adult Foster Care (AFC) provider?	
<i>If yes, Level I or Level II</i>	
Does your member reside at home? (Y/N)	
<i>If no, are they living outside the home and using a Section 8 voucher or in DDS Residential Services? Are you on a waitlist for a Section 8 Voucher?(Y/N)</i>	

PARTICIPANT INFORMATION:

Insurance and Support Services Information

Private Insurance: Y N

Name of Insurer (if applicable): _____

Services: (check all that apply)

- MassHealth
- Department of Developmental Services
- Department of Mental Health
- Adult Family Care
- Supplemental Security Income
- Social Security Disability Insurance
- Personal Care Assistant
- Section 8 (Housing)
- Long Term Services and Supports
- Other (please list and describe

Therapeutic: (check all that apply)

- Occupational Therapy
- Speech and Language Therapy
- Behavioral Therapy/Consulting
- Mental Health Counseling
- Other (please list and describe)

Participant 3LPlace Schedule & Program Funding:

How did you learn about 3LPlace?

3LPlace has a 2-day attendance minimum. We will work with you to best meet our online programming schedule and your specific needs.

Please indicate the planned method for tuition payment:

- DDS Funding through the PDP Program, Education and Training Institute Service
- School Funding through the LEA for transition service
- Private Pay
- Other (please specify)

Financial Information

Individual(s) responsible for financial support of participant: _____

Relationship: _____ Phone: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Other responsible parties (if applicable): _____

Relationship: _____ Phone: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Family Information:

Current status of parents/guardians

- Married
 Divorced
 Single Parent
 Separated
 Widowed
 Domestic Partnership
 Parent 1 Remarried
 Parent 2 Remarried

Name of step-parent(s): _____

- Is the participant their own guardian? Yes/No

- If under guardianship, conservatorship, health care proxies, or a power of attorney, tell us who acts in this capacity for the participant?

- With whom does the participant primarily reside? _____

Siblings

Name: _____

Sex: Age:

Name: _____

Sex: Age:

On a separate sheet, please indicate other siblings and/or important family dynamics of which we should be aware or other adults that are in regular contact with the participant.

References

Current Reference (within the last 9-12 months)

Title: _____

Address: _____

Phone Number: _____

E-Mail: _____

Current Reference (within the last 9-12 months)

Title: _____

Address: _____

Phone Number: _____

E-Mail: _____

Relevant Skills:

Please identify on a scale of 1-5 how independent the applicant is in these key areas:

	1 (Not independent)	2 (Needs significant help)	3 (Needs help)	4 (Independent with minimal help)	5 (Completely Independent)
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing/Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention/Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of computer independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education or DDS Program Information

Name of school/program (most recent): _____

Projected school/program completion date (if applicable): _____

School/program contact: _____ Position: _____

School/program address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Has your family member ever been dismissed/suspended from a program? Y N

If yes, please describe the circumstances and date: _____

If under age 22, is your family member in the Turning 22 DDS class? Y N

(Optional) Medical Information- General

Name of Primary Care Physician _____

Address _____

Telephone _____

Describe any current or previous medical conditions _____

What diagnoses have been given in regard to the participant's disability?

(Optional) Mental Health History

Here at 3LPlace we understand that people are complex. We ask the following questions to better understand and serve your member, and to be prepared to welcome them to our community.

Has the prospective member ever been hospitalized for mental health reasons?

Yes No

If yes, please give date and explain, include the number of times, the length of stay/s, and the reason for the hospitalization _____

Does the participant have any history of behavioral or emotional difficulties (including any history of suicidal behavior or ideation) in school/program or residential settings? Yes No

If yes, please describe, the behaviors or difficulties in detail, including any triggers, how long the issues lasted and how the participant and the program handled it: _____

Does the participant have any history of physical episodes with self, peers, staff, family, or property? Yes No

If yes, please explain and triggers, frequency, duration, interventions and outcomes of these behaviors: _____

Did anyone involved (if staff or peers) need medical attention physical episode or incident?

Y N

Does the participant have any history or current difficulty with anger management or elopement?

Y N

If yes, please give date and explain: _____

What helps in these situations? _____

Have there been any past, recent, or ongoing trauma experiences that they are experiencing and or re-experiencing?

Has there been a medical diagnosis related to trauma? Y N

Diagnosis (if any): _____

Is the trauma:

Physical

Sexual

Emotional

Other (please specify): _____

Circumstances and any effect on daily life or activities?

Is there a current outside psychiatric/therapeutic support that is working on trauma with the prospective member? (Please be sure to include contact information for this person on the health release at the end of the application).

Is this something they speak of:

Openly?

Selectively?

Anything else we should know? _____

Are there any significant phobias that might make learning compromised within our online programming activities and learning concepts? (ex. bees, pigeons, loud trucks, fire alarms)

- If so, level of severity
 - Mild**—can manage but might act instantly anxious
 - Moderate**—Movements or dialogue are startling around phobia, but safety isn't fully compromised
 - Severe**—Can't manage phobia functionally and puts self and/or others at physical risk in effort to avoid phobia

Thank you. Your candor will help us plan accordingly.

Please Note:

If you are planning to transition your member from our online program to the in person program, when we are safely able to do so, you will also need to complete the optional sections of this application and another addendum section.

This next section should be completed by the prospective member)

YOUR NAME _____

 **1 Before you get started** 

We want this section to feel special, creative, and fun! Please work on this as independently as you can. If you need support, that is fine.

 **We are excited to know more about you** 

We want these ideas to be yours because we want to know the real you! Please share anything you think we should know about you as you answer the questions. If you need more space, just attach additional pages to your application.

I prefer to:  Handwrite my answers  Type my answers (please attach!)

Participant's Name: _____ **Signature** _____

Today's Date: _____

Tell 3LPlace More

Three things that I am passionate about...  **(Things I really love)**

1. _____

2. _____

3. _____



Two special talents or ways I shine... (Things I'm good at)

1. _____

2. _____



My favorite thing about myself and why... (A part of me I'm proud of)

1. _____

2. _____



Things that I find hard or difficult... (Things that stress me out)

1. _____

2. _____



Two ways I handle my stress when things are hard... (How I relax/cope)

1. _____

2. _____

Three favorite learning subjects or themes... (Things I love to learn about)



1.

2.

3.

Three jobs I'm curious about or interested in... (Work/jobs I might like to do)



1.

2.

3.

Three people who believe in me... (People who think I'm beyond cool)



1.

2.

3.

Is there anything else you'd like to tell us about you? (Use as much space as necessary!)