

**APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Dear Applicant,

 We are so excited that you have decided to apply for the Central Arkansas Disability Services, Inc. (CADS): Retail Employees with Disabilities (REDI) Program Walgreens Initiative. Please take your time and carefully complete the application. Make sure you ask for help if you need it.

 After submitting this application, please make sure you contact Arkansas Rehabilitation Services (ARS) to begin the process of opening your case. An open case means that you have contacted ARS and have begun the process of becoming eligible for their services. ARS will determine if you are eligible to receive their services. If you do not have an open case, please call ARS at 501-296-1600 to begin the process immediately. You will be assigned a counselor once your case is open. If you have already contacted ARS, please include your counselor’s name on your REDI application. The required documentation from the ARS field office includes RIDAC, Medical Assessment, Referral letter, and Authorization for Services. All services related to REDI require prior written approval by Arkansas Rehabilitation Services before services can be rendered and payment can be made. The referral must have an approved application to the REDI program.

Applications are due at least two weeks before the desired program session. High school seniors can apply for this program who are 18 and above. All applicants who meet REDI criteria will be interviewed and assessed. You will receive a letter stating the date and time you are scheduled. The Interview and Hands-On Assessment Days will be scheduled, and you will be contacted to show up in person. Please make sure you are available to attend. Once you are selected for an interview, make sure you practice your interview skills and dress professionally for your interview.

The CADS: REDI Program begins in August 2023 and can only have a limited number of externs each year, so not everyone who applies will be accepted into the program. If you are not accepted this year, you will be placed on a waitlist for the next open session in your area.

Please feel free to contact CADS at 501.537.1080, if you have any questions or concerns regarding this application. If you would like more information about CADS: REDI Program in partnership with Walgreens, please visit our website at [www.cadsinc.net](http://www.cadsinc.net)

CADS

501.537.1080

Info@cadsinc.net

Application Purpose and Guidelines

The purpose of this application packet is to outline the skills set of the REDI Program applicant. This application enables the Selection Committee to properly assess each applicant’s skills, abilities, and background. A parent, applicant, counselor, teacher, or employer may be contacted by the selection committee to gather additional information. Our final goal is to select individuals who will be successful in the REDI program and reach the outcome of sustained, competitive employment.

The Selection Process includes the following guidelines:

1. This application must be returned and approved before acceptance into the program.

 Applications can be returned by

 Email: Info@Cadsinc.net

 Mail: CADS

 201 West Broadway St. Suite M

 North Little Rock, AR 72114

1. Applicants must be between the ages of 18-64 years of age and can be an individual with an intellectual disability, developmental disability, and/or a Veteran. The applicant must have finished high school and have received a high school diploma, GED, or certificate of completion (or is scheduled to graduate at the end of the current school year). He or she must demonstrate independent personal hygiene and grooming skills, have appropriate behavior, have access to transportation to and from work, and have the desire to work competitively.
2. The selection committee will include representatives from CADS and/or ARS. They will review the applications, keeping in mind the applicant’s skill set and interests, as they apply to the REDI program.
3. If accepted, the applicant must be able to pass a background check and drug screening.

1. If accepted, the applicant must have reliable transportation to and from the CADS: REDI Program Walgreens Initiative sites and must have an open case with Arkansas Rehabilitation Services (ARS). If the applicant does not already have an open case with ARS, they will need to begin the process before their application is considered.
2. Equal Opportunity: CADS: Walgreens Initiative in partnership with Arkansas Rehabilitation Services placement will be made without regard to race, color, national origin, sex, age, religion, or presence of a disability.

**PLEASE NOTE**

THE FOLLOWING IS A LIST OF ALL THE REQUIRED DOCUMENTS THAT MUST BE COMPLETED AND SENT TOGETHER FOR THE APPLICATION TO BE CONSIDERED COMPLETE

[ ]  CADS: REDI Initiative Application for Admission

 [ ]  ARS:

 Photo ID, Social Security Card, Birth Certificate, Proof of Income (SS,

 

 3 years of verifiable rental history to include dates of residency and

 Accurate contact numbers.

 RIDAC, Medical Assessment, Referral letter, Authorization for

 Services

[ ]  Optional: Any other documentation that may help us in the decision-making process (Latest testing, IEP, reference, resume, etc.)

Completed Application must be received and approved by the start date of the program session desired.

 Return to:

 Email: Info@Cadsinc.net

 Mail: CADS

 201 West Broadway St. Suite M

 North Little Rock, AR 72114

CADS: REDI Program Walgreens Initiative

APPLICATION FOR 2023-2024 ADMISSION

PERSONAL DATA

Applicant Contact Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last

Gender: ¨ Male ¨Female Age: \_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street

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 City State Zip

Parent Contact Information:

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street

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 City State Zip

Guardianship: \_\_\_\_\_ I am my own guardian \_\_\_\_\_I am not my own guardian\*

*\* You will need to provide legal documentation of guardianship if you are accepted into the program.*

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Contact Information (If different from parent):

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City State Zip

Government Benefits Received**:** ¨ SSI ¨SSDI ¨ACS-HCBS (Medicaid) Waiver¨ VA

Do you have an Arkansas Rehabilitation Services Vocational Rehabilitation Counselor?

¨ Yes ¨ No Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION BACKGROUND:

Have you graduated from high school? ¨ Yes ¨ No

If yes, what HS did you graduate from? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Graduated: \_\_\_\_\_\_\_\_\_\_\_

If not, what HS are you currently attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date: \_\_\_\_\_\_\_\_\_\_

Other Education/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_

What type of certification or diploma did you receive?

¨ GED

¨ Certificate of Completion

¨ High School Diploma

WORK BACKGROUND:

List jobs (paid or unpaid) you currently do or have done in school or in the community:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Employer** | **Job Title** | **Job Duties** | **Supervisor Name** | **Contact Number** | Paid | **Unpaid** |
|  Job #1: |       | 1. 2. 3.  |       |       | [ ]  | [ ]  |
| How long were you at this job? |
| Job #2: |       | 1. 2. 3.  |       |       | [ ]  | [ ]  |
| How long were you at this job? |
| Job #3: |       | 1. 2. 3.  |       |       | [ ]  | [ ]  |
| How long were you at this job? |  |

Have you ever been fired from a job?

Yes ¨ No ¨

If yes, please explain: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever quit a job?

Yes ¨ No ¨

If yes, please explain: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TRANSPORTATION**

How do you plan to get to the REDI Program training?

Public Transit ¨ Parent/Family ¨ Drive Self ¨ Other ¨\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VETERAN

¨ I am a Veteran.

¨ I am not a Veteran.

DIAGNOSIS/SYMPTOMS

Primary Diagnosis:

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

Secondary Diagnosis (additional disability, mental health conditions or medical conditions):

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

PLEASE COMPLETE IN YOUR OWN WORDS:

Why do you want to participate in the REDI Program?

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

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

How did you hear about the REDI Program?

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

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REFERENCE INFORMATION

Please provide the name and contact information of a non-related individual to complete an applicant assessment (e.g.: teacher, neighbor, previous employer, etc.)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The applicant’s position within the program is contingent upon adherence to the policies and procedures of the REDI program.  By signing, the applicant and/or guardian agree to comply.**

**Representatives of Central Arkansas Disability Services, Inc. have my permission to share my information with designated representatives of Arkansas Rehabilitation Services (ARS) during the application/selection process, and if selected during my participation in the training, employment planning, and follow-along services.**

Applicant

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If applicable)

Did anyone help you to complete this application? Yes \_\_\_ No\_\_\_

Name of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_

Applicant’s Participation Contract

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that if I am accepted into the REDI Program Initiative, I must abide by the following terms and conditions:

* I understand that the REDI Program is a 4-week work/educational program, and I will actively pursue competitive employment when I have completed the program.
* I will complete the extern training at the assigned Walgreens site.
* I will attend the program every day as scheduled.
* I will dress appropriately and wear the required attire.
* I will call my job coach when I am absent or tardy.
* I understand that I am responsible for transportation to and from the assigned Walgreens site.
* I will follow all rules established by the program.
* I will attend and be an active participant at meetings with my rehabilitation counselor, parents, job coach, and Walgreens staff.
* I will be able to pass a felony background check.

I have read the above terms and conditions and agree with what has been stated. I understand that I may be asked to leave the REDI Program if I fail to follow the terms and conditions.

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

Applicant Signature Date

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

Parent/Guardian Signature Date