



Have Dream's Life SCILS program is a community-based program that serves young adults with autism post-high school. The program is a balance of volunteer commitments and internships, fitness at the YMCA, and community engagement. These experiences focus on increasing independence, communication and social skills with peers in an inclusive community. ***Have Dream's Life SCILS Program is based upon over 20 years of nationally recognized autism expertise and is designed to continue to build upon the accomplishments the participants have achieved.*** Our goal is for our Life SCILS participants to enjoy the abundant and varied experiences our community has to offer. *We understand that this may be overwhelming for some individuals with ASD and can provide a resource list of other programs if needed.*

Life SCILS Candidate Profile:

***Slots for candidate's requiring 1:1 supervision is limited. At this time, we have a waitlist.**

- Autism diagnosis
- Post high-school
- Appropriately groomed for community inclusion, internships, volunteer experiences
- Independent in activities of daily living
- Demonstrates appropriate self-management skills (i.e. regard for safety of self and others; observance of social standards, ability to transition calmly per schedule, etc.)
- Able to participate in group activities (with visual supports)
- Able to independently follow directions (verbal/visual)
- Able to be successful with a staff to student ratio of 1:4

Program Core: Life *SCILS

- **Socialization:** Opportunities for social engagement with peers and our community
- **Communication:** Enhancement of communication skills for conversation in social settings
- **Independent:** Increasing self-management and responsibility through volunteer, internship and community-based experiences
- **Living:** Promoting healthy life style through fitness, nutrition and related instructional activities
- **Skills:** opportunities to learn and practice new skills in a variety of environments

Life SCILS is located at our Evanston location, Monday-Friday, from 9:30am-3:00pm. If you are interested in beginning the registration process, **please fill out the Life SCILS Interest Inquiry Form**. Once complete, forms may be mailed to Andrea Franckowiak or emailed to ajohnsen@havedreams.org. Have Dreams is located at 2020 Dempster, Evanston, IL, 60202.

If there is a waitlist for the program, your name will be placed on our Interest List and you will be notified. **A NON-REFUNDABLE** deposit of \$50 must be received. When a slot opens up, we will draw from the wait-list and you will be contacted.

Interest Inquiry Form

Thank you for your interest in the Life SCILS program. To begin the process of enrolling in the Life SCILS program please:

1. Complete and mail this form with a NON-REFUNDABLE \$50 deposit.
2. Upon receipt of form and deposit, you will be contacted by Andrea Franckowiak, Program Director, and our intake application will be forwarded to you.
3. Once the intake application is submitted, you will be contacted by Andrea to set-up an intake assessment to determine if the Life SCILS program is an appropriate fit.

Today's Date: _____

Participant's Name: _____ Parent/Guardian Name _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Phone: Home _____ Cell _____

Email: _____

How did you hear about Have Dreams? _____ Referral _____

School attending/attended _____

1:1 at school? (Y/N) _____ Behavior Plan (Y/N) _____

Diagnosis: _____ By Whom _____ When _____

Current medications: _____

Does candidate require to take medication during the day? _____ If so, is he/she able to take it independently? _____

(*Have Dreams' staff will NOT administer medication unless for a medical emergency i.e epi pen. We do not have a nurse on site.)

Seizures (Y/N) _____ Allergies (Y/N) _____

Funding:

Do you have Home Based Funding? If so, please specify: _____

Payment for Non-Refundable Deposit:

Credit Card (circle) Visa Mastercard Discover American Express

Card Number: _____ Exp Date _____

Security Code _____ Cardholder's Name _____

Parent/Guardian signature _____ Date _____

Please Print Name _____

If paying by check, please make it out to Have Dreams Attn: Melanie Johnsen

Address: 515 Busse Hwy Suite 150 Park Ridge, IL, 60068