



A Youth Transition Program of The Center for Independent Living Options, Inc.

Please complete the entire application. Applications are reviewed in the order received. Applicants will be asked to participate in an in-person interview before being invited to attend the 2020 YOLO Summer Program. Applications must be received by April 15, 2020.

Date of Application _____

Student's Full Name _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Student's current school: _____ Level: _____

Does the student have an IEP? _____

Projected Date of Graduation: _____

Does student have a plan for transitioning from high school?

Student's Diagnosis/Disability: _____

____ Verbal ____ Non-Verbal ____ Uses Communication Device

Significant health conditions: _____

Current medications: _____

Allergies: _____

Physical limitations: _____

Behavioral/Emotional Difficulties: _____

Student's areas of strength: _____

Student's special interests: _____

What does the student hope to gain from the YOLO Summer Program?

Referred by: _____ Email: _____

Parent/Guardian Contact Information

First/Last Name: _____

Address: _____

Phone Number: _____ Alt. Phone Number: _____

Email: _____ Relationship to Student: _____

I understand that transportation is not provided and that student must be dropped off/picked up on time. Each student must bring a packed lunch, drinks will be provided.

Parent/Guardian Signature

Date

Please return completed application by April 15, 2020.



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