Dear Applicant,

Thank you for considering applying to the Launching Emerging Adults Program (LEAP). As the LEAP program is strongly based on the individual student’s self-determination, the application is a multi-step process. The intent of this letter is to guide you and inform you of the application process.

**Step 1- Accessing the application**
Both the “Participant Application” section and “Referral Section” of the application can be accessed through Rochester Public Schools website, Rochester.k12.mn.us./LEAP.

**Step 2- Complete the “Participant” section and the “Referral” section of the application.**
Fill in the application with the appropriate and most accurate information. The sections can be completed individually by the applicant and referral source, or completed together by applicant and referral source.

If unable to access application forms via the internet, request a printable version from Bucky Flores at roflores@rochester.k12.mn.us. Upon receipt, print and complete the written portion of the application.

**Step 3- Submit Application**
Printed hard copies of the applicant section and referral section can be scanned and emailed to roflores@rochester.k12.mn.us, or sent through the Rochester Public Schools intra-school mail to Jolene Becher @ John Adams, or snail mail to:
The Exchange Co-op
Attn: Robert Flores
3945 10th Ave NW, Rochester, MN 55901.

**Step 4- Applications Reviewed**
LEAP staff will review application and contact applicant of next steps.

**Step 5- Applicant Interview**
Applicants will meet with program staff and be introduced to the interview process. The interview process includes a series of interviews to be completed in 20, or fewer, academic calendar days.

**Step 6- Recommendation to Advisory Board**
Following the applicant interview process, program staff will make a recommendation for or against enrollment in the program. The applicant will be informed of the Advisory Board’s decision within 2-3 academic calendar days.
# Participant Application

Rochester Public Schools
Launching Emerging Adults Program (LEAP)

## Applicant Info

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
<th>Date of Birth mm/dd/year</th>
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<table>
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<tr>
<th>Current Address</th>
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<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Gender</th>
<th>Phone Number</th>
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<tr>
<th>Email address</th>
<th>Best Method of Contact (example: phone, email, mail)</th>
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<table>
<thead>
<tr>
<th>Parent/Guardian of Applicant 1.)</th>
<th>Phone Number 1.)</th>
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<td>2.)</td>
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<th>Email Parent/Guardian 1.)</th>
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<th>Email Parent/Guardian 2.)</th>
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## Please indicate Yes, or No to the following questions and provide additional information as appropriate.

- **Are you currently enrolled in school?**
  - Yes_____ No____
  - If yes, what school are you currently enrolled?

- **Are you living somewhere other than the address provided?** Yes_____ No____
  - If yes, where are you currently living?

- **Are you living with people other than your parent or guardian?** Yes_____ No____
  - If yes, what is your relationship with the person/people you are living with?

- **Did someone refer or suggest you apply to the LEAP program?** Yes_____ No____
  - If yes, who referred you?

- **Are you on probation?** Yes_____ No____
  - If yes, who is your probation officer?

## If applicable please provide current and past work history.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Start Date/End Date</th>
<th>Supervisor Name and Contact</th>
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<td>Current or most recent</td>
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| |
| | |
Please respond to the following prompts.

What did not or is not working for you in your current school placement?

Why do you think LEAP is a good fit for you?

Please check the box(es) of service providers or resources you are currently accessing or participating.

- Medical Assistance
- EBT
- Bolder Options
- HOPE
- PACE
- LINK
- Assoc. in Psych. & Psych.
- Blue Stem
- Fernbrook Family Center
- Olmsted Medical Center
- Zumbro Valley Health Center
- Bright Futures
- Youth Behavioral Unit
- Teen Challenge
- Recovery is Happening
- Boys & Girls Club
- Friendship Place
- Gay Lesbian Community Services
- Runaway Shelter
- Mission 21
- Youth Night Campus
- Organized Athletics
- Civic Theater
- Faith based group
- Workforce Development Inc.
- Fountain Centers
- Family Services Rochester
- Others

Please share any information you think is important for us to know as your application is considered.
Referral Section
Rochester Public Schools
Launching Emerging Adults Program (LEAP)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
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<tr>
<td>Agency if applicable</td>
<td>Phone #</td>
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Please provide applicant information based upon your relationship.

How frequently do you make contact either in person or otherwise with this applicant?

What strengths do you see in this applicant?

What goal(s) are you engaging with this applicant on?

What other interventions have been attempted with this applicant?

Why do you think LEAP is a good fit for the applicant?
I, __________________________, authorize

(Name of individual authorizing release and if required, the address, client number, social security number, etc., to identify this individual from other similar names in Rochester Public Schools’ files.)

- Family Service Rochester
- Zumbro Valley Health Center
- Olmsted Medical Center & Satellites
- Olmsted County Public Health
- Mayo Medical System & Satellites
- Other Healthcare
- Family ____________________
- Other ______________________
- Youth Behavioral Therapist
- Olmsted County Community Corrections
- Olmsted County Case Manager/Consultation Team
- Rochester Public Schools ISD #535
- Stewartville Public Schools ISD #534
- Dover Eyota Public Schools ISD #533
- Byron Public Schools ISD #531
- Head Start/CCRR
- Other School ____________________
- Other ______________________

To disclose and or exchange the following information (including medical information if applicable) concerning myself or dependent family members:

- School records
- Educational progress/assessments
- Medical History/summary
- Psychological testing/evaluation/history
- Treatment records
- Assessments
- Psychiatric evaluation
- Discharge summary
- Progress notes
- Criminal history
- Diagnostic assessment
- Other ______________________

To/with: Launching Emerging Adults Program, 3945 10th Ave, NW, Rochester, MN 55901 for the purpose of: case management, therapeutic services, referral services, obtaining benefits and crisis intervention.

This authorization is voluntary. I understand LEAP may not condition my receiving services upon my providing this authorization unless the information is necessary for determining my eligibility for services. I understand that the individual(s) or entities to which my information is being disclosed may not be subject to state or federal privacy laws. They may further disclose my information, and state and federal privacy laws may no longer protect it. I understand that I may revoke this authorization at any time by giving written notice of revocation to the LEAP coordinator. I understand that revocation of this authorization will not affect any action taken by LEAP in reliance upon the authorization prior to receiving my written notice of revocation.

CADI ONLY: I have received the Appeal Rights Notice and been informed of my rights. Participants Initials: ______________

Specification of the date, event, or condition upon which this consent expires:

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<th>Expiration Date</th>
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<tr>
<td>Month</td>
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In no event shall this authorization be valid for more than one year from the date of my signature below.

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<thead>
<tr>
<th>Signature of individual authorizing release</th>
<th>Date</th>
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<tr>
<td>Signature of parent, guardian or authorized representative (if required)</td>
<td>Date</td>
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<th>Signature of LEAP program</th>
<th>Date</th>
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