



Port Washington, NY • Pleasantville, NY
Phone: 516-767-7177 - www.tncnewyork.org

Nicholas Center Application

Please email completed form to: lilianehartel@nicholascenterusa.org

Currently we do not have support services for individuals requiring 1:1 support.

Program: Monday - Friday, 10:00 am - 3:00 pm

APPLICATION MUST BE COMPLETED BY A PARENT OR GUARDIAN.

Please note completing this form does not guarantee placement.

Thank you.

Today's Date: _____

Name of Applicant: _____

Gender: _____ Current Age: _____ School/program
attended or attending: _____

Location of Interest: Port Washington, Pleasantville,
 Long Island, NY Westchester, NY

Name of person filling out the form, if not "applicant"

First Name: _____ Last Name: _____

Relationship to applicant: _____

Contact Information

Contact number: _____ Email: _____

Street address: _____ City: _____ State: _____

Does the applicant live at home? Yes No Group Home Yes No

1. How did you hear about The Nicholas Center?

**2. What is the primary diagnoses of the applicant?
(Note: We primarily serve those on the Autism Spectrum.)**

3. Which services are you interested in? Check all that apply. Note: We can only accommodate those who live in New York State.

Community Inclusion / Habilitation

Work Readiness / Community Pre Vocational

Gainful employment/ Supported Employment Services

Social and Recreational Opportunities

4. How are services being funded?

OPWDD - (Must be approved.)

School District

Private Pay

5. If applicant's services are funded through OPWDD, what is the Care Organization under which they receive Care Management?

6. If applicant's services are funded through OPWDD, please provide information of their Care Manager.

Name: _____

Contact number: _____ Email: _____

7. Does the applicant receive Support Brokerage?

Yes

No

8. If applicant receives Support Brokerage, what is the name of the organization they receive Support Brokerage through?

9. If applicant has a Broker, please provide information of their Broker.

Name: _____

Contact number: _____ Email: _____

10. Can the applicant work in a community setting, safely and productively, within a small group (If not, please explain below.)

Yes

No

11. Please list at least 3 preferred activities or interests.

12. Does the applicant currently require 1:1 support?

Yes

No

13. Does the applicant engage in any challenging behaviors? (ex. outbursts, aggression) If so, under what circumstances would it occur?

14. Are there any specific trigger phrases, words, fears, anxieties that we should be aware of?

15. What methods are used to alleviate any anxieties, frustrations or fears?

16. Does the applicant have an educational or behavioral consultant? If so, please name below.

17. Does the applicant have any history of wandering or elopement or running away?

18. Are there any special accommodations or needs we should be made aware of?

19. Please describe the applicant's ability to communicate their needs (Please describe.)

20. Explain any and all work related experiences (Paid/ volunteer, location, duties etc.)

21. Can the applicant travel and wait independently without supervision? Yes No

22. How will the applicant get to and from The Nicholas Center?

23. Can the applicant safely navigate within a familiar community, independently and without supervision?

Yes

No

24. Please add any other comments you would like us to know about the applicant:

Please provide a copy of applicant's most recent Life Plan along with this application.

Thank you for your interest in The Nicholas Center and for submitting your application to attend our programs.

Currently, we are operating on a waiting list. Once we have openings and feel we may be able to accommodate the applicant's needs, we will contact you to schedule an assessment.

Applicant/Guardian Signature: _____ Date: _____