



Admission Requirements

Mingus Job Accelerator (aka MJA) is for motivated young adults whose disability is characterized by significant limitations both in intellectual ability and in behavior as expressed in conceptual, social, and practical adaptive skills. Mingus Job Accelerator will have two types of vocational training.

Daily Program will run Monday - Thursday from 7:30 am - 3:00 pm. This program is perfect for participants who are wanting some independence but may not have the experience and confidence to stay overnight. This will be a safe environment that will allow growth through vocational, social, and life skills with limited supervision.

Residential Program will run Sunday at 4:00 pm through Saturday at 11:00 am. The residential program will allow participants to live independently with limited supervision while gaining vocational, social, and life skills. Participants will have a support system that understands the mission of the Mingus Job Accelerator. This support will be the working staff of the various operations of the MJA project site. An on-site staff person will be available at all times during the week and overnight. The staff will be highly motivated to see each individual succeed in their dreams of obtaining meaningful employment within their own communities.

It is expected that participants will demonstrate the following minimal requirements:

- Ability to function independently for a sustained period of time
- Can follow directions and accepts authority; no severe behavior or emotional problems
- Can handle and adapt to change; not overly stressed when things change
- Ability to potentially be successful in competitive employment situations
- Some understanding of what it means to have a job, work in a team setting and follow directions from an employer. This understanding can come through family, Special Olympics participation, schooling they attended, volunteer work, or any situation that has provided some training.
- Residential participants will also be required to wake up independently to an alarm and be able to do their own laundry with minimal assistance.

Letters of recommendation are extremely important as these describe current levels of performance across many areas. Applicants will have received special education services and graduated from High School. This is a vocational on-the job training program, not an accredited college or certificated training program. Participants entering this program are encouraged to seek out prospective employers fitting for their daily living that MJA can connect with and assist in securing a job upon completion of their training.

The ultimate goal for each participant is to secure specific training in one of our businesses at the MJA site which may translate into meaningful employment within their own community.



A Vocational assessment staff will conduct an interview and test each participant to best determine the correlation between a person's abilities and skills and job requirements. At MJA, we support a holistic, authentic approach that focuses on an individual's skills and aptitudes that influence future job success. We rely on the following as part of a comprehensive vocational assessment:

- History, education, previous employment, background, etc.
- Psychosocial strengths and development
- Independent living skills
- Literacy
- Knowledge of the world of work
- Abilities/aptitudes
- Technical/job skills
- Generic work behaviors (social, communication, etc.)
- Job seeking skills
- Job readiness

Vocational Assessment Director is Sarah Stuckel, M.Ed in special education. Feel free to reach out to Sarah at (817) 988-0831 or sarah@4mja.com for additional information or download the documents here. www.4mja.com to decide if the Mingus Job Accelerator is a good fit for your family member.

Program Costs

Interview & Vocational Assessment: \$150 (*Valid for 1 year from test date*)

Daily Participant Program: \$250 per week

Daily Transportation: \$40 per week from Fort Worth, Aledo or Weatherford to MJA

Residential Participant Program: \$500 per week – Transportation to and from the program is the responsibility of the individual.

(Any wages paid to Participants during their training will be paid directly to the individual at the end of each week. These wages will be subject to all Texas and Federal income tax required filings as contract labor).



Application

Participant Name: First _____ Middle _____ Last _____

Gender: Male _____ Female _____

School Name _____ Graduation Year _____

Birth date _____ / _____ / _____ Age (as of June 30, 2019) _____

Street Address _____

Town/City _____ State _____ Zip code _____

Participant's Phone _____

Guardian - Contact Information – If applicable

First _____ Last _____

Relationship _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Cell Phone _____ Work Phone _____

E-mail _____

Current Occupation _____

Current Employer _____



Emergency Contact Information

Emergency Contact #1

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Relationship _____

Emergency Contact #2

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Relationship _____

Please list those people in addition to guardians who are permitted to pick up the participant at the end of a session or in case of an emergency:

1: _____ Phone _____

Email _____

2: _____ Phone _____

Email _____

3: _____ Phone _____

Email _____



Medical Release Information

Insurance Information

Policy Number_____

Name of Health Insurance Provider_____

Primary Physician_____

Address_____

Phone_____

Hospital Preference_____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required Treatment	Paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Are you presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__No__

If yes, explain:_____



Medical release cont'd

Are you allergic to any type of food or medication?

Yes ___ No ___

If yes, explain: _____

Do you require a special diet?

Yes ___ No ___

If yes, explain: _____

The purpose of the above listed information is to ensure that if medical personnel is required in an emergency, they will have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

Name	Phone
Contact #1 _____	_____
Relationship _____	
Contact #2 _____	_____
Relationship _____	
Contact #3 _____	_____
Relationship _____	

Initials _____



Medical release cont'd

I understand that the MJA will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Guardian's/Participant's Initials _____

Terms of Agreement

Photo Release - Attach Form A

Guardian's/Participant's Initials _____

Transportation Release - Attach Form B

Guardian's/Participant's Initials _____

Date: _____

Signature: _____ Title _____

Printed Name of Participant: _____

Notarized by _____

Print Name _____ Number _____

Date _____ State of Notary _____

Signature _____

Witness by _____ Date _____