



Admission Requirements ~ Application & Information Forms

Mingus Job Accelerator (aka MJA) is owned and operated by the Each and Everyone Foundation. Developed 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.

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

MJA Residential Program will run weekly beginning on Monday's, arriving at 4:00 pm through Saturday at 2:00 pm, with departure times between 2:30 – 4pm. Participants may apply for a one week term to up to four Weeks in succession. 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 Each and Everyone Foundation and 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 with limited overnight support, but on-call for emergencies. The staff is 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 be required to wake up independently to an alarm and be able to do their own laundry with minimal assistance at our MJA facility.*
- *Residential participants will be required to adhere to the rules and curfew requirements of MJA, including the time without direct supervision and overnight.*

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 member 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 2 years from test date) Payable to Sarah Stuckel via Check, Credit Card or Venmo. Email sarah@4mja.com for details.

Daily Participant Program: \$250 per week – Limited to 4 participants per week

Daily Transportation: Each week from Southwest Fort Worth, Aledo or Weatherford to MJA. Daily transportation will be provided from a central meeting location in each area. Participants will be arrive for transportation to and from this location in a timely manner between 6:30am to 3:15pm.

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 _____

Street Address _____

Town/City _____ State _____ Zip code _____

Participant's Phone _____

Parent/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 and Non-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 types of food?

Yes ___ No ___

If yes, explain: _____

Do you require a special diet?

Yes ___ No ___

If yes, explain: _____

Are you allergic to any
medication?

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.



Medical release cont'd

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 any medical expenses incurred, but that such expenses will be my responsibility as participant/parent/guardian. I further agree to not hold MJA responsible for any liability for accidents or injuries which occur while attending MJA.

Check one: Parent ___ **Guardian** ___

Signature _____ **Date** _____

Print Name _____

Participant

Signature _____ **Date** _____

Print Name _____

NOTARIZATION

Medical Release – Attach Form A Parent/Guardian/Participant's Initials _____

Photo Release - Attach Form B Parent/Guardian/Participant's Initials _____

Behavioral Release - Attach Form C Parent/Guardian/Participant's Initials _____

Transportation Release - Attach Form D Parent/Guardian/Participant's Initials _____

Notarized by _____

Print Name _____ Number _____

Date _____ State of Notary _____

Signature _____

Witness by _____ Date _____



Medical Information & Release Form A

Name of person attending:

School Grade Completed _____ Sex (circle one) **M** **F** Age _____ Birth date _____

Guardian/Parent/Responsible Person _____

Home Phone _____

Address _____ City _____ St _____ Zip _____

In case of emergency notify: _____ Relationship _____

Emergency phone numbers: Day _____ Night _____ Cell _____

Physician's Name _____ (Imperative if the Participant has allergies.) Phone _____

List any allergies to medications or any known allergies _____

Date of last tetanus immunization _____

List medications presently being taken:



Medical Information & Release Form A cont'd

Medical Insurance

Company _____

Insurance Policy # _____

(This information is needed in case you are unable to provide to the hospital and the guardian/sponsor cannot be reached.)

Participant Signature _____ Date _____

AUTHORIZATION FOR EMERGENCY CARE

I/we the undersigned, _____ or

Parent/Legal Guardian/Sponsor of

(name) _____

do hereby authorize any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State of Texas and hospital service that may be rendered to said person under the general, specific or special consent of: _____

It is understood that this consent is given in advance of any specific diagnosis or treatment being required,

but is given to encourage those persons who have temporary authority, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Date _____ Parent /Legal Guardian _____



AUTHORIZATION FOR MEDICAL INFORMATION RELEASE

I hereby authorize the hospital to release the following information contained in its hospital records to therepresentative of the Mingus Job Accelerator concerning Diagnosis, prognosis and treatment for

_____ Date of birth _____
Name of Participant

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



PHOTO RELEASE FORM B:

**Each and Everyone Foundation (EEO) dba
Mingus Job Accelerator (aka MJA)**

I hereby grant the Each and Everyone Foundation and MJA permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of EEO and MJA and will not be returned.

I hereby irrevocably authorize the EEO and MJA to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE:

Print Name: _____

Signature: _____ Date: ___/___/___

Guardian or Parent, if applicable:

Guardian Signature: _____ | Date: ___/___/___

Guardian Signature: _____ | Date: ___/___/___