



## **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 Residential Program** will run weekly beginning on Tuesday's, arriving at 10:00 am through Saturday at 2:00 pm, with departure times between 2:30 – 3pm. 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 from 10:00am to 8pm during the work week. We have limited overnight support between 9pm and 8:30am, but a property manager is near-by and on-call in case of an emergency. Our 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](mailto:sarah@4mja.com) for additional information or download the documents here. [www.4mja.com](http://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](mailto:sarah@4mja.com) for details.

**Residential Participant Program:** \$700 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 _____	
<b>Initials</b> _____	



*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: \_\_\_/\_\_\_/\_\_\_