



Port Washington, NY • Pleasantville, NY  
Phone: 516-767-7177 - [www.tncnewyork.org](http://www.tncnewyork.org)

## Nicholas Center Application

Please email completed form and Life Plan or IEP to:  
**[risaluk@nicholascenterusa.org](mailto:risaluk@nicholascenterusa.org)**

### Important Notes:

This application must be completed by a parent or guardian.

Please email a current Life Plan and IEP (if the individual has graduated in the last 3 years) to be considered.

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

We can only accomodate individuals who live in New York State - specifically residents of Long Island, Queens, and Westchester.

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

Please note completing this form does not guarantee placement.

Today's Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Current Age: \_\_\_\_\_ School/program  
attended or attending: \_\_\_\_\_

Location of Interest: Port Washington, *(Serving Nassau,* Pleasantville,  
Long Island, NY *Suffolk & Queens)* 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 accomodate those who live in New York State.**

Community Inclusion/Habilitation

Employment/Supported Employment Services

Work Readiness/Community Pre Vocational

Social & Recreational Opportunities

**4. How are services being funded?**

OPWDD - (Must be approved.)

Private Pay

School District

**5. Has the applicant attended The Nicholas Center through their school district?**

Yes

No

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

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

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

Care Coordination Organization: \_\_\_\_\_

**8. Is the applicant self-directed?**

Yes

No

**9. If applicant is self-directed, what is the name of their fiscal intermediary?**

\_\_\_\_\_

**10. If applicant is self-directed, please provide information of their Broker.**

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

**11. Can the applicant work/volunteer/participate in a community setting, safely and productively, within a small group? (with 3-5 peers and 1 staff member)**

If not, please explain below.

Yes

No

**12. Please list at least 3 preferred activities or interests of the applicant.**

**13. Does the applicant currently require 1:1 support?**

Yes

No

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

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

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

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

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

**19. Are there any special accommodations or health/safety needs we should be made aware of?**

**Examples:** active seizures, supervised ambulation, limited vision/hearing, serious allergies

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

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

**22. Can the applicant travel alone in their local community/neighborhood?**      Yes      No

**23. Can the applicant wait at a location in the community independently without supervision?**      Yes      No

**24. Is the applicant travel trained to specific locations?**      Yes      No

**25. Can the applicant travel independently?**      Yes      No

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

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

Yes

No

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

**Please email a current Life Plan and IEP (if the individual has graduated in the last 3 years) to be considered.**

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: \_\_\_\_\_