

LIFTT Program Application

Date:

Name:

Birthdate:

Address:

Phone:

Email:

Person(s) you are currently living with:

Eye Condition:

Graduation Date:

Vocational Rehabilitation Counselor Name:

What is your employment goal? What steps have you and your Vocational Rehabilitation Counselor identified as necessary to achieving this goal?

Students in the LIFTT program are required to provide monetary support for their personal living expenses – food, recreation, etc. Purchase of a monthly transit pass is required. Will you be able to provide for your personal expenses?

What skills do you feel you need to learn, and how can the LIFTT program assist you in learning?

What are your expectations of this program?

Disclosure: Please describe any other conditions – medical/physical or mental health related that you may have. Please be sure to include any felony or misdemeanor convictions. This information is important for us to know in order to provide a safe, appropriate program for you and other participants. Disclosure of this information will not necessarily keep you from participating in this program, and not disclosing information may be grounds for dismissal from the program.

The following documents must be available upon acceptance: Medical information to include eye report, Insurance coverage, most recent comprehensive educational evaluation with last IEP, current IPE.

Signature:

Please mail or e-mail completed application to: Lori Pulliam

2214 E. 13th St.

Vancouver WA 98661

Lori.pulliam@wssb.wa.gov

360 947 3279