



NEW FRONTIERS IN LEARNING

Independent Living Program
enrollment application

General Information:

- Rolling admissions as space permits. Application and non-refundable fee of \$250, payable to New Frontiers in Learning, LLC should be mailed to:

Samantha Feinman, Director
 New Frontiers in Learning
 80 Broad Street, Suite 1702
 New York, NY 10004

Enrolling for:

- Social Community Supports
- Job Coaching/Management
- Independent Living*

* Participation in Social Community Supports is required for individuals participating in the Independent Living portion of the services.

Contact Information

Estimated Start Date: _____

Applicant's Name	
Applicant's Address	
City, State, Zip	
Birthdate	
Age	
Home Phone	
Cell Phone	
Email Address	
Who does Applicant live with?	
Parent/Guardian #1	
Full Name	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	



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Parent/Guardian #2	
Full Name	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	

Person to Notify in Case of Emergency

Name	
Relationship to Applicant	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	

Academic History

High School(s) Attended: _____

Date Completed: _____

College(s) Attended: _____

Date Completed: _____

Major(s)/Minor(s): _____

Other Post-Secondary Education: _____

Date Completed: _____



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Has the Applicant been dismissed and/or suspended from school? If so, please explain: _____

List internships or job training programs completed: _____

Employment Information

Current Employer: _____
Current Work Address: _____
Hours/week: _____
Supervisor : _____

List previous employers, or attach resume: _____

What are your career goals?



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Personal Data

Applicant is currently:

In School

Participating in an internship

Working part-time

Working full-time

Describe your current position and responsibilities:

List your interests, talents, and hobbies:

Describe your ability to travel independently (including mass transit and driving):



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Describe yourself socially:

Do you currently have support? (i.e. therapy, psychiatrist; job or life coach) If yes, what kind?

Name and contact info of current support person(s):

Have you ever lived independently before? (i.e. in a residence hall/dorm, apartment with or without a roommate, etc.) If yes, please explain.

What types of assistance may you need in terms of independent living skills (i.e. cooking, cleaning, laundry, shopping, budgeting, etc.):

Additional space provided on next page...



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Do you have any medical issues? If yes, please explain.

Do you take any medication? Are you able to reliably remember to take your medications, get your perscriptions refilled, etc. Please explain.

Have you ever been hospitalized or in a treatment program for either a psychiatric issue, substance abuse or other medical issue? If yes, please explain.



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Describe behavioral and/or emotional concerns:

Do you have a history of alcohol and/or substance abuse? If yes, please explain.

Please add any information that you think will help us get to know you better.



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How did you hear about us? _____

Agreement & Signature

In order to best assess the applicant's fit for the program, New Frontiers in Learning expects the applicant and their parent/guardian(s) to provide complete and accurate information. By signing this application, you are confirming that the information contained herein is accurate and complete to the best of your knowledge. If it is determined that important information was not disclosed in this application or during any part of the application process, that applicant may be considered ineligible for admission. If it is determined once the applicant has been accepted into the program that information known by the applicant and/or their parent/guardian(s) was not disclosed, that applicant may be dismissed from the program.

Name (please print): _____

Signature: _____

Date: _____

Parent 1 Name (please print): _____

Signature: _____

Date: _____

Parent 2 Name (please print): _____

Signature: _____

Date: _____

For more information contact Samantha Feinman, Director, at (646)-558-0085 or sfeinman@nfil.net

The mission of the New Frontiers in Learning's Independent Living Program is to build a network of supports for individuals establishing themselves as independent adults. Utilizing a personalized approach, New Frontiers in Learning will help individuals identify and meet their personal goals in the areas of independent living, finding and sustaining employment, and developing a meaningful and relevant social community.