FRESNO STATE
Wayfinders

Wayfinders Application

To ensure that the application is processed, applicant and/or parent/guardian must complete all information. (Race & ethnicity tracking section is optional.)

☐ First time application ☐ Last application submitted for Fall of 20____

Date you attended a Program Preview: _____

IDENTIFYING INFORMATION					
Applicant Name:				Birth date:	
Street Address:				Age:	
City:		State:		Zip Code:	
Phone:	( )	Applicant's Cell Phone:	( )	Female ☐ Male ☐	
Applicant's Email Address:			CA Drivers License:	Yes ☐ No ☐	
U. S. Citizen:	Yes ☐ No ☐	Country of Citizenship:			
Languages Spoken in the Home:					
Are you Conserved:	☐ Yes ☐ No	Areas Conserved:			
Conservator's Name:			Relationship to Applicant:		
PARENT INFORMATION					
Parent #1 or Guardian Name:					
Address:					
Primary Phone #:	( )		Cell Phone #:	( )	
Email Address:					
Parent #2 Name:					
Address:					

Primary Phone #:	( )	Cell Phone #:	( )
Email Address:			

SIBLING(S) INFORMATION

Name of Sibling(s)	Age	Lives at Home
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐

EDUCATION & SERVICES

Name of High School Attended/Attending:			
Address:			
Phone #:	( )	Fax #:	( )
Contact Person:		Phone #:	( )
Email:		H.S. Completion or Projected Date:	

Indicate the approximate grade level for the following skills:

Math: _____ Reading: _____ Writing: _____

Name of College or Program Currently Attending:			
Address:			
Contact Person & Title:			
Phone #:	( )	Fax #:	( )
Email:			

Regional Center Client:	☐ Yes ☐ No	Name of RC:	
Address:			
Service Coordinator Name:		Fax #:	( )
Phone #:	( )	Email:	

In Home Support Services Client:	☐ Yes ☐ No			
IHSS Agency Name:				
Address:				
Contact Person & Title:		Fax #:	( )	
Phone #:	( )	Email:		
Client of California Department of Rehabilitation:	☐ Yes ☐ No ☐ In Process			
Address:				
DOR Counselor Name:		Phone #:	( )	
Email:		Fax #:	( )	
Do You Receive SSI:	☐ Yes ☐ No ☐ In Process ☐ Will apply at 18			
If Yes, Name of Payee:		Amount Per Month:	$	

VOLUNTEER & COMMUNITY SERVICE

Organization	Description of Activity & Duties	Hrs Per Week

WORK EXPERIENCE

Business/Organization	Duties	Dates Employed	Hrs/Wk

MEDICATION INFORMATION	
Do You Take Medication(s):	☐ Yes ☐ No
Needs Assistance With Medications: ☐ Yes ☐ No	If yes, please explain:

Medication(s)	Times of Day/Week	Purpose

PHYSICAL SUPPORTS		
	Yes	No
Uses Manual Wheelchair		
Uses Electric Wheelchair		
Uses a Walker		
Uses a Cane		
Uses Handrails in Bathroom & Shower		

Requires Other Supports. If yes, please specify:		
BEHAVIOR		
	Yes	No
Caused property damage including starting fires		
Physically threatened and/or attacked others		
Verbally threatened others		
Self-injurious behavior		
Mistreating animals		
Elopement		
Lying		
Fabrication		
Inappropriate sexual behaviors		
Stealing		
Prior arrest or probation		
Drug use/abuse		
Alcohol use/abuse		
Seizure(s)		
Current gang behavior, affiliation and desires		
Incontinence problems		
Requires attendant care		
If yes to any of the behavioral and/or self care issues, please explain in detail. Include the most recent date(s) of the occurrence(s) and severity (use another sheet for more writing space):		

Which of the following best describes your drinking (alcohol) habits (check all that apply):					
Daily ☐	Weekly ☐	Weekends Only ☐	Occasionally ☐	Celebrations ☐	Never ☐

Which of the following best describes your smoking habits (check all that apply):			
Daily ☐	Weekly ☐	Occasionally ☐	Never ☐
# of Cigarettes Smoked:	Daily: _____	Weekly: _____	Monthly: _____

RACE & ETHNICITY TRACKING
Optional

For purposes of data collection for the Wayfinders funding, please mark the box(es) that best describes the applicant's race/ethnicity category of which s/he identifies with:

☐ A	Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
☐ B	African American (not of Hispanic origin): Person having origins in any of the black ethnic groups.
☐ H	Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Latin Cultures, regardless of ethnicity.
☐ I	Native American or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
☐ W	Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

I have completed this Wayfinders application truthfully and to the best of my knowledge all information is accurate.

Applicant or Parent/Guardian Signature: _____

Date: _____

COMPLETED PACKET MAILED TO:
Wayfinders Program at California State University, Fresno
5005 N. Maple Ave., Room 151
M/S ED 301
Fresno, California 93740
559.278.0390
Fax: 559.278.0199
wayfinders@mail.fresnostate.edu