



**FIU Embrace Education  
Non-Degree Student Application  
Packet 2024-2025**

**Postsecondary Comprehensive Transition Program**

**Office of Research & Economic Development FIU Embrace  
11200 SW 8th Street  
PG6, Suite 150  
Miami, Florida 33199**

**305-348-5377**



## **FIU Embrace Education – Application Process**

Completed application packages must be submitted either via postal mail, electronic mail, or dropped off in person). Any incomplete application that is submitted will not be considered for admission.

Please **drop off/mail** application materials to:

FIU Embrace  
Attn: Krystal Sutherland  
11200 SW 8th Street  
PG6, Suite 150  
Miami, Florida 33199

OR **email** application materials to: [fiuembrace@fiu.edu](mailto:fiuembrace@fiu.edu)

Once it is determined that the applicant has submitted a completed application and appears to meet the minimum criteria for the program, the applicant and parent(s)/guardian(s) will be scheduled for an interview with the FIU Embrace team. The interview is held to gauge the applicant's needs and fit for the program. You will be notified by letter or email regarding whether or not you are granted an interview. After reviewing the application materials, if the applicant is determined to not meet the minimum criteria necessary to be successful in the program, they may not be granted an interview and/or be accepted into the Education program.

The FIU Embrace staff will reach out to the applicant and their family to notify that the application has been forwarded for a psychological evaluation. It is required that the applicant and parent(s)/guardian(s) be present to complete the psychological evaluation. The FIU Embrace staff will connect the applicant/family to the FIU Center for Children and Families to schedule the psychological evaluation.

Following the issued psychological evaluation, the applicant may be invited to participate in a mandatory Match Day at FIU with the current FIU Embrace Education students, other applicants, and FIU Embrace staff.

Once the psychological evaluation, interviews and Match Days have been completed, the FIU Embrace Selection Committee will meet to finalize offer decisions for the incoming cohort. If an applicant is offered admission to the program and the applicant declines the offer, then the applicant/family is responsible for paying the cost of the psychological evaluation. The decision to offer or deny admission to the program will be made by the Selection Committee in their best judgment and in the best interest of the applicant.

The applicant will receive a letter and/or email from the FIU Embrace program providing the final decision of acceptance or denial.

## Application for Admission

The FIU Embrace Education program is a three-year, non-degree, certificate inclusive postsecondary transition program for students with Intellectual Disabilities (ID) and/or Autism Spectrum Disorder (ASD). The primary goal of the program is to offer a comprehensive and integrated university-based education that is inclusive and accessible and promotes competitive integrated employment and independent living in the community.

Students participate in a variety of program activities through a system of supports provided by faculty, academic and social mentors, university-based resources, and other key project personnel to ensure that individual and program goals are met. A certificate of completion will be issued by FIU's Continuing Education Department upon the successful completion of all components of the program and students can earn digital badges, micro-credentials, and industry level certifications in their selected area of specialization.

Admission is based on the following criteria. The applicant **must**:

- Be between the ages of 18-28 (18-25 at the start of the program).
- Have the legal authority to make their own decisions that would allow them to fully participate in the program. Therefore, those applicants who have parents/legal guardians who have retained plenary guardianship and/or limited guardianship, which does not allow for the applicant to make certain decisions, are not eligible for the program.
- Have been diagnosed by a licensed psychologist or psychiatrist with an Intellectual Disability (ID) and/or Autism Spectrum Disorder (ASD). The student can also have other co-occurring disorders with these diagnoses.
- The applicant diagnosed with an Intellectual Disability must have a significant cognitive and/or developmental disability that interferes with their academic performance according to the American Association on Intellectual and Developmental Disabilities (AAIDD) diagnosed by a licensed psychologist or psychiatrist.
- Exit high school (Proof of HS Diploma/Special Diploma needed). If the applicant will be exiting high school after the application deadline, then an official letter on school letterhead which indicates the expected graduation date for the applicant is required as part of the submitted application. However, an official high school diploma must also be submitted following graduation.
- Be able to read and understand English at a 3rd grade level, or demonstrate practical reading and comprehension skills.
- Demonstrate basic mathematics understanding and the ability to use a calculator.
- Demonstrate the ability to function independently without supervision, this includes attending college classes and managing time unaided for at least 3 consecutive hours.
- Be able to adapt to change and not be overly stressed when changes in routines occur.
- Have the potential to be successful in competitive employment.
- Demonstrate the desire to complete all components of the FIU Embrace Education program including assessments/evaluations and surveys.
- Have sufficient emotional and independent skills to participate in all aspects of the program.
- Have the potential to successfully achieve their goals within the context of the FIU Embrace content and setting.

- Demonstrate the ability to accept responsibility for their actions and maintain respect for themselves and others.
- Not have a history of disruptive or aggressive behaviors. **Note: FIU Embrace does not have the personnel necessary to manage/monitor behavioral issues.**
- Be able to independently administer their own medication, and manage/monitor specialized diets and/or medical illness. **Note: There are no personnel available to monitor, manage, or administer medication. The FIU Embrace staff takes no responsibility for specialized diets and/or medical needs.**
- Adhere to the FIU Student Conduct and Honor Code - <https://regulations.fiu.edu/docs=257>
- Not have any previous record of behavioral, sexual, or conduct outbursts or previously violated FIU's student code of conduct.
- Not have a history of arrest or severe behavioral and emotional problems.
- Not any have serious persistent mental health and or substance abuse problems.
- Be able to be fully integrated on the FIU campus.
- Complete psychological and adaptive testing through FIU Embrace.

Please complete **ALL** sections of this application. It is acceptable for the applicant to receive support, if needed, in completing the application. You may attach additional information and pages for writing space if needed. All information is confidential and will not be shared beyond the members of the Selection Committee unless written agreement is provided by those filling out the application. If an applicant is not admitted into the program, any submitted paper application materials will be returned via U.S. Mail to the applicant's address listed on the application.

**Completed applications are due no later than 5:00pm EST on March 29, 2024.**

**No incomplete applications will be considered for admission.**

Please contact us via email or phone if you have any questions regarding the application:

[fiuembrace@fiu.edu](mailto:fiuembrace@fiu.edu)

Phone: (305) 348-5377

## FIU Embrace Education Application Checklist

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

Using the checklist below, check the corresponding boxes in the Applicant column to verify that you have all of the necessary documents before submitting an application. **Applications will not be considered until ALL requested information is received.**

### Application Checklist:

Name of Document	Applicant	Embrace Confirmation
1. Referral Source Form	<input type="checkbox"/>	
2. Applicant Information Form	<input type="checkbox"/>	
3. Family Information Form	<input type="checkbox"/>	
4. Copy of Plenary/Limited Guardianship document or Power of Attorney (only if applicable)	<input type="checkbox"/>	
5. Employment History Form	<input type="checkbox"/>	
6. Special Accommodations Form	<input type="checkbox"/>	
7. Medical History Form	<input type="checkbox"/>	
8. FIU Immunization Documentation Form (must include official stamp and authorized signature)	<input type="checkbox"/>	
9. Medical Insurance Information Form, with copy/scan of insurance card	<input type="checkbox"/>	
10. Physical Examination Form (to be completed, signed and stamped by the applicant's physician)	<input type="checkbox"/>	
11. Student Questionnaire	<input type="checkbox"/>	
12. Photo of Applicant	<input type="checkbox"/>	
13. 4 Letters of Recommendation (submitted on the provided Student Recommendation Forms)	<input type="checkbox"/>	
14. Parent/Guardian Agreement for Payment	<input type="checkbox"/>	
15. Parent/Guardian Agreement for Reimbursement of Psychological Evaluation	<input type="checkbox"/>	
16. Copy of High School/Special Diploma or Letter from school (on school letterhead) indicating that the applicant currently meets criteria for graduation and their expected date of graduation	<input type="checkbox"/>	
17. Copy of recent psychological evaluation conducted by a licensed clinical professional which indicates current diagnoses of the applicant.	<input type="checkbox"/>	

## **Applicant Information Section**

**To be completed by: Applicant/Parent/Family/Guardian**

## Referral Source

Please indicate how you heard about the FIU Embrace Education program:

- ☐ Current/former FIU Embrace student
- ☐ FIU Embrace email blast
- ☐ FIU Embrace outreach event
- ☐ FIU Embrace website
- ☐ Florida Center for Unique Abilities Partner  
(please specify): \_\_\_\_\_
- ☐ Other FIU Department (please specify): \_\_\_\_\_
- ☐ Miami-Dade or Broward County Public Schools, Special Education Division  
(SPED)
- ☐ Special Olympics of Miami-Dade
- ☐ Vocational Rehabilitation
- ☐ Other (please specify): \_\_\_\_\_

## Applicant Information

<b>First Name</b>	<b>Last Name</b>	<b>Middle Name</b>
<b>Home Phone</b>	<b>Applicant Cell Phone</b> – CANNOT USE A PARENT’S CELL PHONE	
<b>Address</b>		<b>Apt./Unit #</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Birth Date</b>	<b>Applicant Email Address</b> – CANNOT USE A PARENT’S EMAIL	
<p><b>Disability</b> – Check all that apply, include any additional diagnosed/ documented disabilities. <b>Please note that a student MUST have a documented Intellectual Disability and/or Autism Spectrum Disorder in order to meet the minimum criteria for this program.</b></p> <p> <input type="checkbox"/> Intellectual Disability (ID)         <input type="checkbox"/> Autism Spectrum Disorder (ASD)       </p> <p> <input type="checkbox"/> Other: _____       </p> <p><b>Submit with the application, a copy of a recent psychological evaluation conducted by a licensed clinical professional which indicates current diagnoses of the applicant.</b></p>		

Applicant receives support or services from (please check those that apply):

- ☐ Agency for Persons with Disabilities (APD). If receiving services from APD:
- a. Is the individual on the Med-waiver? ☐ Yes ☐ No
- b. Is the individual receiving any other types of services? ☐ Yes (list below) ☐ No
- Services received: \_\_\_\_\_

- ☐ Medical Assistance
- ☐ Social Security Disability Income (SSDI)
- ☐ Supplemental Security Income (SSI)
- ☐ Vocational Rehabilitation

*By providing your VR counselor's information, you give permission to FIU Embrace to contact your counselor to inform them of your intent to attend the program.*

Vocational Rehabilitation Counselor name: \_\_\_\_\_

Vocational Rehabilitation Counselor email: \_\_\_\_\_

Vocational Rehabilitation Counselor phone number: \_\_\_\_\_

- ☐ Educational Services (IDEA Funding)
- ☐ Other (please describe): \_\_\_\_\_

## Family Information

Applicant lives with:

☐ Both Parents    ☐ Parent 1    ☐ Parent 2    ☐ Guardian(s)    ☐ Other: \_\_\_\_\_

Are any of the following in place for this applicant?

**\*Note:** If any of below apply, submit a copy of the legal document or agreement with the application.

☐ Plenary Guardianship: Who is the named guardian? \_\_\_\_\_

☐ Limited Guardianship: Who is the named guardian? \_\_\_\_\_

☐ Power of Attorney: Who is the named agent? \_\_\_\_\_

☐ Guardian Advocate: Who is the named advocate? \_\_\_\_\_

☐ Supported Decision Making: Who supports you? \_\_\_\_\_

☐ None of the above apply

### Parent/Guardian 1

<b>First Name</b>	<b>Last Name</b>	<b>Middle Initial</b>
<b>Home Phone</b>	<b>Cell Phone</b>	
<b>Address</b>		<b>Apt./Unit #</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Occupation</b>	<b>Employer</b>	
<b>Work Phone</b>	<b>Email Address</b>	

**Parent/Guardian 2**

<b>First Name</b>	<b>Last Name</b>	<b>Middle Initial</b>
<b>Home Phone</b>	<b>Cell Phone</b>	
<b>Address</b>		<b>Apt./Unit #</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Occupation</b>	<b>Employer</b>	
<b>Work Phone</b>	<b>Email Address</b>	

**Siblings**

<b>Name</b>	<b>Age</b>	<b>Lives with Applicant?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Emergency Contact Information

Full Name	Phone Number
Relationship to Applicant	

Full Name	Phone Number
Relationship to Applicant	

Full Name	Phone Number
Relationship to Applicant	

Full Name	Phone Number
Relationship to Applicant	

## Employment History

### Work Experience (paid)

<b>Employer 1</b>				
Name of Employer		Contact Information	Job Responsibilities	
Dates Employed		Hours Worked	Reason for Leaving	
From	To			
<b>Employer 2</b>				
Name of Employer		Contact Information	Job Responsibilities	
Dates Employed		Hours Worked	Reason for Leaving	
From	To			
<b>Employer 3</b>				
Name of Employer		Contact Information	Job Responsibilities	
Dates Employed		Hours Worked	Reason for Leaving	
From	To			
<b>Employer 4</b>				
Name of Employer		Contact Information	Job Responsibilities	
Dates Employed		Hours Worked	Reason for Leaving	
From	To			

### Volunteer Experience (un-paid)

If you have participated in any Vocational Rehabilitation funded program such as Project Victory or Project Search, please indicate this here as well.

Employer 1			
Name of Employer		Contact Information	Job Responsibilities
Dates Employed		Hours Worked	Reason for Leaving
From	To		
Employer 2			
Name of Employer		Contact Information	Job Responsibilities
Dates Employed		Hours Worked	Reason for Leaving
From	To		
Employer 3			
Name of Employer		Contact Information	Job Responsibilities
Dates Employed		Hours Worked	Reason for Leaving
From	To		
Employer 4			
Name of Employer		Contact Information	Job Responsibilities
Dates Employed		Hours Worked	Reason for Leaving
From	To		

## Special Accommodations

Does the applicant have any ADA accessibility needs or require special accommodations in order to fully participate in the program? For example, assistance to walk up stairs, frequent breaks when walking long distances, note-taker, extended time on exams, etc.

☐ Yes      ☐ No

If yes, please describe:

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## Medical History

Give a brief description of the applicant's medical history, including any disability diagnoses:

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List any significant medical or physical conditions, which may affect the applicant's participation in classroom, social, or recreational activities on campus:

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Allergies:

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Special dietary needs:

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Is the applicant independent in self-care? For example, medication management and hygiene.

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In the space below, please provide any other medical information that would be important regarding the applicant's participation in this program.

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**Note: If the applicant must take medications while at FIU they must be independent in administering their medications and managing their health.**

## Medical Insurance Information

Name of Insurance Company: \_\_\_\_\_

Primary Subscriber Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Please attach a copy or scan (front and back) of your insurance card.**

**Physical Examination Form**  
**FIU Embrace Postsecondary Comprehensive Transition Program**  
**\*Note: This form must be completed by a healthcare provider.\***

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision: R 20/\_\_\_\_\_ L 20/\_\_\_\_\_

Corrective Lenses: ☐ Yes ☐ No Pupils: ☐ Equal ☐ Unequal

Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart/Murmur/Rub/Gallop			
Pulse			
Lungs			
Abdomen			
Genitourinary (males)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			
Neurologic Exam			

The applicant has the following problems that may impact their educational experience:

Vision	Yes	No	
Hearing	Yes	No	
Speech	Yes	No	
Language	Yes	No	
Physical	Yes	No	
Social	Yes	No	
Behavioral	Yes	No	
Cognitive	Yes	No	

Does this applicant have a health condition that may require emergency action at school/college, (e.g. seizures, allergies, diabetes, hypertension, stroke, heart problems, sickle cell, bone/joint etc.)?

☐ Yes      ☐ No

If yes, please specify: \_\_\_\_\_

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(This form will be stored in the applicant's Cumulative Health Folder and may be accessed by both University and health personnel.) Please complete FIU Immunization Documentation Form attached.

**Physician Evaluation (select one):**

☐ Cleared without restriction      ☐ Not Cleared

☐ Cleared with restrictions or recommendations for further evaluation (please specify):

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\_\_\_\_\_  
SIGNATURE OF PHYSICIAN COMPLETING FORM

\_\_\_\_\_  
DATE

Physician Name (print): \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician telephone number: \_\_\_\_\_

**HEALTHCARE PROVIDER - OFFICE STAMP**  
***(FORM IS NOT VALID WITHOUT STAMP)***



### MANDATORY IMMUNIZATION REQUIREMENTS

#### Immunization Policy:

As a prerequisite to registration, Florida International University requires all students to comply with the following immunization policy regulations from the Florida Board of Governors regarding measles, mumps, rubella, meningococcal meningitis and hepatitis B immunity.

#### 1. Measles, Mumps, Rubella:

- All students born after December 31, 1956 must present documented proof of immunity to measles (rubeola) and German measles (Rubella), as described below:

##### Acceptable Proof of Immunity consists of:

- a. Proof of two (2) vaccinations (doses) of MMR (Measles/Mumps/Rubella) received on or after 12 months of age, taken at least 28 days apart, AND in 1968 or later
  - b. Proof of immunity by way of a **positive** blood test lab result (measles and rubella titer)
    - If titer results are negative, student will have to receive the full MMR vaccine series (2 doses) to boost immunity.
  - c. A written statement from a healthcare provider documenting a diagnosis of measles (rubeola). Must include date of diagnosis, and be signed by the healthcare provider on his/her official stationery. This is acceptable for **measles only** and does **not** apply to rubella.
- For information regarding medical exemptions or temporary deferments from this mandatory vaccine requirement, please visit [dasa.fiu.edu](http://dasa.fiu.edu) and click on the "Registration Holds" link and then "Immunization FAQ."

#### 2. Meningitis and Hepatitis B

- All students must present documented proof of vaccination/immunity to meningococcal meningitis and hepatitis B as described below.  
**NOTE:** The meningococcal meningitis vaccine is NOT the same as the vaccine against Meningitis Serogroup B (i.e. Trumenba or Bexsero); therefore, proof of either of these incorrect vaccines is not sufficient to satisfy the immunization requirement.

##### Acceptable Proof of Immunity consists of:

- a. Proof of one dose of meningococcal meningitis vaccine and a total of three doses of hepatitis B vaccines
- b. Proof of immunity by way of a blood test lab result (applicable to hepatitis B only)

##### Exemptions:

Students declining to receive vaccination for Meningitis and/or Hepatitis B must accept a waiver of liability acknowledging that they have read information pertaining to the disease and despite knowledge of the risks have decided to waive receiving the vaccine. These waivers can be accepted and viewed on [my.fiu.edu](http://my.fiu.edu) under the "Student Tools" and "Student Health" tabs.

**NOTE:** A parent or legal guardian must sign the waiver for any minor under the age of 18. Parents or legal guardians may contact Student Health Services or obtain the form by visiting [dasa.fiu.edu](http://dasa.fiu.edu).

#### Basic Instructions:

- ☐ Submit all documents **AS SOON AS POSSIBLE!** All immunization documentation must be submitted at least **4 weeks prior** to registration date to release any holds that may prevent you from registering for classes.
- ☐ Please include your Panther ID number on all submitted documentation.
- ☐ MINORS (students under 18 years of age): parent or guardian must sign waiver of liability on behalf of the student
- ☐ Check your **my.fiu.edu** account for updates on your holds.
- ☐ Standard processing time for all submitted documentation is **24 – 48 business hours** (48 – 72 business hours during peak seasons)

#### How to Submit Your Records:

- ☐ **EMAIL:**  
[immune@fiu.edu](mailto:immune@fiu.edu)
- ☐ **FAX:**  
(305) 348 – 3336
- ☐ **MAILING ADDRESS:**  
FIU Health Compliance Office  
11200 S.W. 8<sup>th</sup> Street  
SASC 126  
Miami, FL 33199



# Academic & Student Affairs

Health Promotion Services

## IMMUNIZATION DOCUMENTATION FORM

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(MM/DD/YYYY)

First term of attendance: ☐ FALL ☐ SPRING ☐ SUMMER

PANTHER ID NUMBER (REQUIRED):

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### Required Immunizations *(requirements for ALL students)*

Vaccine Name	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (Must include lab report)
<b>MMR (Measles, Mumps, Rubella)</b> (2 doses taken 28 days apart, on or after 12 months of age)			N/A	
<b>OR:</b> Measles (2 doses taken after 1968) AND Rubella (1 dose taken after 1968)			N/A	
		N/A	N/A	
<b>Hepatitis B (3 doses)</b> (second dose at least 28 days after the first, and third dose at least 56 days after the second)				

☐ I have read the information about Hepatitis B and decline receipt of this vaccine.

\_\_\_\_\_  
Student or guardian signature (if student is under 18 old)

\_\_\_\_\_  
Date

**Meningitis (MCV4/Menactra/Menveo)**  
(NOT Meningitis B)

N/A

☐ I have read the information about Meningitis and decline receipt of this vaccine.

\_\_\_\_\_  
Student or guardian signature (if student is under 18 old)

\_\_\_\_\_  
Date

**An official stamp from a doctor's office, clinic, or health department AND an authorized signature must appear here or this form will not be approved.**

\_\_\_\_\_  
Physician or Authorized Signature

\_\_\_\_\_  
OFFICIAL OFFICE STAMP HERE

\_\_\_\_\_  
Date

Please submit this completed form at least **FOUR WEEKS** prior to registration date.

Modesto Maidique Campus

Phone: (305) 348-2688

Fax: (305) 348-3336

Email: [immune@fiu.edu](mailto:immune@fiu.edu)

## Applicant Questionnaire

**This section must be completed by applicant and may include additional pages.**

This is an excellent opportunity to demonstrate writing skills, critical thinking skills and creativity!

Was a scribe is used to complete this section (the applicant dictated their answers)?: ☐ Yes ☐ No

**Why do you want to be an FIU Embrace Education student?**

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**Describe specific skills you would like to learn in the following areas:**

Independent Living Skills:

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Employment Skills:

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Social Skills:

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**What type of work experience or jobs have you enjoyed doing in the past?**

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**What job or career area(s) are you interested in?**

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**What do you like to do in your free time?**

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**What is your favorite sport?**

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**What is your favorite musical group or favorite singer?**

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**Do you spend time with friends outside of school?** ☐ Yes ☐ No

If yes, what do you like to do with your friends, and who plans the social activity?

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Discuss two of your goals for the future.

1. 

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2. 

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Please use this space below to provide us with any other information about yourself that you wish to share.

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**Answer the following questions about transportation.****Do you have a:**Learner's Permit? ☐ Yes ☐ NoDriver's License? ☐ Yes ☐ NoIf yes, will you be driving to campus? ☐ Yes ☐ No ☐ N/A**Have you ever:**Flown on an airplane by yourself? ☐ Yes ☐ NoUsed public transportation (taxi, bus, etc.) by yourself? ☐ Yes ☐ NoUsed Uber/Lyft by yourself? ☐ Yes ☐ NoScheduled your own STS (Special Transportation Services) ride? ☐ Yes ☐ No ☐ N/A**Please submit a photo of yourself (the applicant).**

## Letters of Recommendation

Please submit 4 Letters of Recommendation (on the Student Recommendation Form) from persons who have known the applicant for at least one year. The recommendations should represent each of the following areas:

1. Family
2. Education
3. Vocational/Employment
4. Community Involvement

All letters must be submitted using the Student Recommendation Forms in this packet.

1. The **Family** reference person may be completed by the family member(s) who completed sections of the application, and submitted with the rest of the application.
2. The **Educational** reference person can be a teacher, teacher's aide, academic advisor, or other person who has taught the applicant in an educational setting. They must not be related to the applicant and must know them well enough to answer the questions.
3. The **Vocational/Employment** reference person should be someone who has supervised the applicant at a job, volunteer, or work-related setting, who is not related to the applicant and knows them well enough to answer the questions. A Vocational Rehabilitation Counselor does not qualify as a reference.
4. The **Community** reference person can be anyone within the applicant's community, who is not related to the applicant and knows them well enough to answer the questions.

**For the three areas other than the family reference, give one Student Recommendation Form to each of the references for them to complete.** The recommendation forms may be returned with the application packet in sealed envelopes with the reference person's signature across the seal or sent via email to [fiuembrace@fiu.edu](mailto:fiuembrace@fiu.edu). If emailed, the form must come directly from the reference person, not the applicant or applicant's parent(s). If an applicant does not have a reference person from one of the above categories 2.-4., they may submit an additional reference form from a different category. For example, if an applicant has no work or volunteering experience, they may instead submit two different Educational recommendations and one Community recommendation. However, all three recommendations cannot come from a reference in the same category. For example, all three references cannot be from three different teachers or educational personnel. Please note that if the reference is unable to answer a significant number of questions on the recommendation template, FIU Embrace will be requesting that the applicant submit an additional recommendation.

**FIU Embrace**  
**Postsecondary Comprehensive Transition Program**

**Student Recommendation Form - Family**

**MUST BE COMPLETED BY**  
**FAMILY REFERENCE**

## Student Recommendation Form – Family Postsecondary Comprehensive Transition Program

To be completed by: Family Reference

Applicant's name: \_\_\_\_\_

The above named individual is applying for admission to the FIU Embrace Education non-degree seeking program at Florida International University. This program is designed to prepare students with an Intellectual Disability and/or Autism Spectrum Disorder, who desire a postsecondary experience on a college campus and require a strong system of support. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program. Admission is based on the following criteria. The applicant must:

- Be able to read and understand English at a 3rd grade level, or demonstrate practical reading and comprehension skills.
- Demonstrate basic mathematics understanding and the ability to use a calculator.
- Demonstrate the ability to function independently without supervision, this includes attending inclusive college classes and managing time unaided for at least 3 consecutive hours.
- Be able to adapt to change and not be overly stressed when changes in routines occur.
- Have the potential to be successful in competitive employment.
- Have sufficient emotional and independent skills to participate in all aspects of the program.
- Have the potential to successfully achieve their goals within the context of the FIU Embrace content and setting.
- Demonstrate the ability to accept responsibility for their actions and maintain respect for themselves and others.
- Not have a history of or currently display disruptive or aggressive behaviors.
- Be able to be fully integrated on the FIU campus.

### Contact Information of Family Reference:

Last Name	First Name	MI
Relationship to Applicant		
Organization Name	Phone Number	
Address		
City	State	Zip Code
Email Address		

**Student Recommendation Form – Family**  
**Postsecondary Comprehensive Transition Program**  
 To be completed by: Family Reference

With the above information in mind, please answer the following questions to the best of your ability and complete a Personal Support Inventory (attached). Attach additional pages as needed. Please return this form with the rest of the application. The applicant requires all letters of recommendation as part of their completed application. Thank you for your assistance in this matter.

1. How long have you known the applicant, and in what capacity?

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2. Please describe why you feel the applicant would benefit from a postsecondary comprehensive transition experience.

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3. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the FIU Embrace program?

☐ Unlikely      ☐ Likely      ☐ Quite Likely      ☐ Highly Likely

4. Please describe the strengths that the applicant may possess that will make them a good candidate for this program.

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5. Please describe any challenges that the applicant may possess that will impact their candidacy for this program.

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Please complete the following Personal Support Inventory. Should you not be familiar with the applicant in a particular area, please indicate by selecting the “Unsure” box.

<b>Independent Living Skills</b>	Complete					
Navigating/finding way around campus and community						
Asking for help or clarification						
Use of good judgment skills in an emergency						
Ordering or purchasing from a restaurant, café, or store						
Handling money to make purchases						
Staying within a budget						
Caring for personal hygiene needs						
Asking questions when clarification is needed						
Coping well with stress and anxiety						
Adjusting to new situations or environments						
Managing personal belongings						
Coping with frustration (when something doesn't go your way)						
Using the restroom						
Brushing teeth						
Showering						
Getting dressed						
Waking up in the morning						
Laundry						
Cooking						
Cleaning their room						
Cleaning up after themselves/around the house						
Taking out the garbage						
Washing dishes						
Coordinating outings with friends/peers						

Comments:

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Comments:[illegible]

# **Student Recommendation Form – Family** **Postsecondary Comprehensive Transition Program** To be completed by: Family Reference

<b>Academic Skills</b>	<b>Complete Assistance Needed</b>	<b>Moderate Assistance Needed</b>	<b>Some Assistance Needed</b>	<b>Minimal Assistance Needed</b>	<b>No Assistance Needed</b>	<b>Unsure</b>
Understanding the value of money						
Counting dollar bills, making change						
Using a computer for word processing						
Navigating the Internet						
Following verbal directions						
Following written directions						
Demonstrating motivation to learn new tasks						
Remaining persistent in the learning process on difficult tasks						
Maintaining and following a daily schedule						
Remember and keeping up with due dates, assignments						
Studying given information						

Give an explanation of the applicant’s reading abilities (and approximate grade level equivalent):

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Give an explanation of the applicant’s writing/composition abilities (and approximate grade level equivalent):

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Give an example of the applicant’s math abilities (and approximate grade level equivalent):

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**FIU Embrace**  
**Postsecondary Comprehensive Transition Program**

**Student Recommendation Form - Education**

**MUST BE COMPLETED BY  
EDUCATIONAL REFERENCE**

**Student Recommendation Form – Education**  
**Postsecondary Comprehensive Transition Program**  
 To be completed by: Educational Reference

Applicant's name: \_\_\_\_\_

The above named individual is applying for admission to the FIU Embrace Education non-degree seeking program at Florida International University. This program is designed to prepare students with an Intellectual Disability and/or Autism Spectrum Disorder, who desire a postsecondary experience on a college campus and require a strong system of support. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program. Admission is based on the following criteria. The applicant must:

- Be able to read and understand English at a 3rd grade level, or demonstrate practical reading and comprehension skills.
- Demonstrate basic mathematics understanding and the ability to use a calculator.
- Demonstrate the ability to function independently without supervision, this includes attending inclusive college classes and managing time unaided for at least 3 consecutive hours.
- Be able to adapt to change and not be overly stressed when changes in routines occur.
- Have the potential to be successful in competitive employment.
- Have sufficient emotional and independent skills to participate in all aspects of the program.
- Have the potential to successfully achieve their goals within the context of the FIU Embrace content and setting.
- Demonstrate the ability to accept responsibility for their actions and maintain respect for themselves and others.
- Not have a history of or currently display disruptive or aggressive behaviors.
- Be able to be fully integrated on the FIU campus.

Contact Information of Educational Reference:

Last Name	First Name	MI
Relationship to Applicant		
Organization Name	Phone Number	
Address		
City	State	Zip Code
Email Address		

**Student Recommendation Form – Education**  
**Postsecondary Comprehensive Transition Program**  
 To be completed by: Educational Reference

With the program information and admission criteria in mind, please answer the following questions to the best of your ability and complete a Personal Support Inventory (attached). Attach additional pages as needed. Please return this form to the applicant *in a sealed envelope with your signature across the seal, or send via email to the following email: [fiuembrace@fiu.edu](mailto:fiuembrace@fiu.edu)*. If emailing, the Student Recommendation Form must come directly from the person making the recommendation (named below), not the applicant. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant requires all letters of recommendation as part of their completed application. Thank you for your assistance in this matter.

1. How long have you known the applicant, and in what capacity?

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2. Please describe why you feel the applicant would benefit from a postsecondary comprehensive transition experience.

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3. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the FIU Embrace program?

☐ Unlikely      ☐ Likely      ☐ Quite Likely      ☐ Highly Likely

4. Please describe the strengths that the applicant may possess that will make them a good candidate for this program.

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5. Please describe any challenges that the applicant may possess that will impact their candidacy for this program.

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Please complete the following Personal Support Inventory. Should you not be familiar with the applicant in a particular area, please indicate by selecting the “Unsure” box.

<b>Independent Living Skills</b>	<b>Complete Assistance Needed</b>	<b>Moderate Assistance Needed</b>	<b>Some Assistance Needed</b>	<b>Minimal Assistance Needed</b>	<b>No Assistance Needed</b>	<b>Unsure</b>
Navigating/finding way around campus and community						
Asking for help or clarification						
Use of good judgment skills in an emergency						
Ordering or purchasing from a restaurant, café, or store						
Handling money to make purchases						
Staying within a budget						
Caring for personal hygiene needs						
Asking questions when clarification is needed						
Coping well with stress and anxiety						
Adjusting to new situations or environments						
Managing personal belongings						
Coping with frustration (when something doesn't go your way)						
Using the restroom						
Brushing teeth						
Showering						
Getting dressed						
Waking up in the morning						
Laundry						
Cooking						
Cleaning their room						
Cleaning up after themselves/around the house						
Taking out the garbage						
Washing dishes						
Coordinating a social get together with friends/peers						

Comments:

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Comments:[illegible]

**Student Recommendation Form – Education**  
**Postsecondary Comprehensive Transition Program**  
 To be completed by: Educational Reference

<b>Academic Skills</b>	<b>Complete Assistance Needed</b>	<b>Moderate Assistance Needed</b>	<b>Some Assistance Needed</b>	<b>Minimal Assistance Needed</b>	<b>No Assistance Needed</b>	<b>Unsure</b>
Understanding the value of money						
Counting dollar bills, making change						
Using a computer for word processing						
Navigating the Internet						
Following verbal directions						
Following written directions						
Demonstrating motivation to learn new tasks						
Remaining persistent in the learning process on difficult tasks						
Maintaining and following a daily schedule						
Remember and keeping up with due dates, assignments						
Studying given information						

Give an explanation of the applicant's reading abilities (and approximate grade level equivalent):

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Give an explanation of the applicant's writing/composition abilities (and approximate grade level equivalent):

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Give an example of the applicant's math abilities (and approximate grade level equivalent):

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Does the applicant utilize assistive technology for the purpose of communicating (e.g. voice recognition, dictation, iPad, etc.)?

☐ Yes    ☐ No

If Yes, please describe the type of technology used:

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**FIU Embrace**  
**Postsecondary Comprehensive Transition Program**  
**Student Recommendation Form – Vocational/Employment**  
**MUST BE COMPLETED BY**  
**VOCATIONAL/EMPLOYMENT EVALUATOR**

## Student Recommendation Form – Vocational/Employment Postsecondary Comprehensive Transition Program

To be completed by: Vocational/Employment Reference

Applicant's name: \_\_\_\_\_

The above named individual is applying for admission to the FIU Embrace Education non-degree seeking program at Florida International University. This program is designed to prepare students with an Intellectual Disability and/or Autism Spectrum Disorder, who desire a postsecondary experience on a college campus and require a strong system of support. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program. Admission is based on the following criteria. The applicant must:

- Be able to read and understand English at a 3rd grade level, or demonstrate practical reading and comprehension skills.
- Demonstrate basic mathematics understanding and the ability to use a calculator.
- Demonstrate the ability to function independently without supervision, this includes attending inclusive college classes and managing time unaided for at least 3 consecutive hours.
- Be able to adapt to change and not be overly stressed when changes in routines occur.
- Have the potential to be successful in competitive employment.
- Have sufficient emotional and independent skills to participate in all aspects of the program.
- Have the potential to successfully achieve their goals within the context of the FIU Embrace content and setting.
- Demonstrate the ability to accept responsibility for their actions and maintain respect for themselves and others.
- Not have a history of or currently display disruptive or aggressive behaviors.
- Be able to be fully integrated on the FIU campus.

Contact information of Employment Reference:

Last Name	First Name	MI
Relationship to Applicant		
Organization Name	Phone Number	
Address		
City	State	Zip Code
Email Address		

**Student Recommendation Form – Vocational/Employment**  
**Postsecondary Comprehensive Transition Program**  
To be completed by: Vocational/Employment Reference

With the program information and admission criteria in mind, please answer the following questions to the best of your ability and complete a Personal Support Inventory (attached). Attach additional pages as needed. Please return this form to the applicant *in a sealed envelope with your signature across the seal, or send via email to the following email: [fiuembrace@fiu.edu](mailto:fiuembrace@fiu.edu)*. If emailing, the Student Recommendation Form must come directly from the person making the recommendation (named below), not the applicant. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant requires all letters of recommendation as part of their completed application. Thank you for your assistance in this matter.

1. How long have you known the applicant, and in what capacity?

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2. Please describe why you feel the applicant would benefit from a postsecondary comprehensive transition experience.

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3. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the FIU Embrace program?

☐ Unlikely      ☐ Likely      ☐ Quite Likely      ☐ Highly Likely

4. Please describe the strengths that the applicant may possess that will make them a good candidate for this program.

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5. Please describe any challenges that the applicant may possess that will impact their candidacy for this program.

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Please complete the following Personal Support Inventory. Should you not be familiar with the applicant in a particular area, please indicate by selecting the “Unsure” box.

<b>Independent Living Skills</b>	<b>Complete Assistance Needed</b>	<b>Moderate Assistance Needed</b>	<b>Some Assistance Needed</b>	<b>Minimal Assistance Needed</b>	<b>No Assistance Needed</b>	<b>Unsure</b>
Navigating/finding way around campus and community						
Asking for help or clarification						
Use of good judgment skills in an emergency						
Ordering or purchasing from a restaurant, café, or store						
Handling money to make purchases						
Staying within a budget						
Caring for personal hygiene needs						
Asking questions when clarification is needed						
Coping well with stress and anxiety						
Adjusting to new situations or environments						
Managing personal belongings						
Coping with frustration (when something doesn't go your way)						
Using the restroom						
Brushing teeth						
Showering						
Getting dressed						
Waking up in the morning						
Laundry						
Cooking						
Cleaning their room						
Cleaning up after themselves/around the house						
Taking out the garbage						
Washing dishes						
Coordinating outings with friends/peers						

Comments:

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Comments:[illegible]

**Student Recommendation Form – Vocational/Employment**  
**Postsecondary Comprehensive Transition Program**  
 To be completed by: Vocational/Employment Reference

<b>Academic Skills</b>	<b>Complete Assistance Needed</b>	<b>Moderate Assistance Needed</b>	<b>Some Assistance Needed</b>	<b>Minimal Assistance Needed</b>	<b>No Assistance Needed</b>	<b>Unsure</b>
Understanding the value of money						
Counting dollar bills, making change						
Using a computer for word processing						
Navigating the Internet						
Following verbal directions						
Following written directions						
Demonstrating motivation to learn new tasks						
Remaining persistent in the learning process on difficult tasks						
Maintaining and following a daily schedule						
Remember and keeping up with due dates, assignments						
Studying given information						

Give an explanation of the applicant's reading abilities (and approximate grade level equivalent):

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Give an explanation of the applicant's writing/composition abilities (and approximate grade level equivalent):

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Give an example of the applicant's math abilities (and approximate grade level equivalent):

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Does the applicant utilize assistive technology for the purpose of communicating (e.g. voice recognition, dictation, iPad, etc.)?

☐ Yes    ☐ No

If Yes, please describe the type of technology used

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Additional Comments: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience. You may also use this page as additional space if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**FIU Embrace**  
**Postsecondary Comprehensive Transition Program**  
**Student Recommendation Form – Community Involvement**  
**MUST BE COMPLETED BY**  
**COMMUNITY REFERENCE**

**Student Recommendation Form – Community Involvement**  
**Postsecondary Comprehensive Transition Program**  
 To be completed by: Community Reference

Applicant's name: \_\_\_\_\_

The above named individual is applying for admission to the FIU Embrace Education non-degree seeking program at Florida International University. This program is designed to prepare students with an Intellectual Disability and/or Autism Spectrum Disorder, who desire a postsecondary experience on a college campus and require a strong system of support. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program. Admission is based on the following criteria. The applicant must:

- Be able to read and understand English at a 3rd grade level, or demonstrate practical reading and comprehension skills.
- Demonstrate basic mathematics understanding and the ability to use a calculator.
- Demonstrate the ability to function independently without supervision, this includes attending inclusive college classes and managing time unaided for at least 3 consecutive hours.
- Be able to adapt to change and not be overly stressed when changes in routines occur.
- Have the potential to be successful in competitive employment.
- Have sufficient emotional and independent skills to participate in all aspects of the program.
- Have the potential to successfully achieve their goals within the context of the FIU Embrace content and setting.
- Demonstrate the ability to accept responsibility for their actions and maintain respect for themselves and others.
- Not have a history of or currently display disruptive or aggressive behaviors.
- Be able to be fully integrated on the FIU campus.

Contact information of Community Reference:

Last Name	First Name	MI
Relationship to Applicant		
Organization Name	Phone Number	
Address		
City	State	Zip Code
Email Address		

# Student Recommendation Form – Community Involvement

## Postsecondary Comprehensive Transition Program

To be completed by: Community Reference

### Instructions for Reference Person:

With the above information in mind, please answer the following questions to the best of your ability and complete a Personal Support Inventory (attached). Attach additional pages as needed. Please return this form to the applicant *in a sealed envelope with your signature across the seal, or send via email to the following email: [fiuembrace@fiu.edu](mailto:fiuembrace@fiu.edu)*. If emailing, the Student Recommendation Form must come *directly from the person making the recommendation (named below), not the applicant*. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant requires all letters of recommendation as part of their completed application. Thank you for your assistance in this matter.

1. How long have you known the applicant, and in what capacity?

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2. Please describe why you feel the applicant would benefit from a postsecondary comprehensive transition experience.

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3. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the FIU Embrace program?

☐ Unlikely
 ☐ Likely
 ☐ Quite Likely
 ☐ Highly Likely

4. Please describe the strengths that the applicant may possess that will make them a good candidate for this program.

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5. Please describe any challenges that the applicant may possess that will impact their candidacy for this program.

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Please complete the following Personal Support Inventory. Should you not be familiar with the applicant in a particular area, please indicate by selecting the “Unsure” box.

<b>Independent Living Skills</b>	<b>Complete Assistance Needed</b>	<b>Moderate Assistance Needed</b>	<b>Some Assistance Needed</b>	<b>Minimal Assistance Needed</b>	<b>No Assistance Needed</b>	<b>Unsure</b>
Navigating/finding way around campus and community						
Asking for help or clarification						
Use of good judgment skills in an emergency						
Ordering or purchasing from a restaurant, café, or store						
Handling money to make purchases						
Staying within a budget						
Caring for personal hygiene needs						
Asking questions when clarification is needed						
Coping well with stress and anxiety						
Adjusting to new situations or environments						
Managing personal belongings						
Coping with frustration (when something doesn't go your way)						
Using the restroom						
Brushing teeth						
Showering						
Getting dressed						
Waking up in the morning						
Laundry						
Cooking						
Cleaning their room						
Cleaning up after themselves/around the house						
Taking out the garbage						
Washing dishes						
Coordinating outings with friends/peers						

Comments:

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Comments:[illegible]

**Student Recommendation Form – Community Involvement**  
**Postsecondary Comprehensive Transition Program**  
 To be completed by: Community Reference

<b>Academic Skills</b>	<b>Complete Assistance Needed</b>	<b>Moderate Assistance Needed</b>	<b>Some Assistance Needed</b>	<b>Minimal Assistance Needed</b>	<b>No Assistance Needed</b>	<b>Unsure</b>
Understanding the value of money						
Counting dollar bills, making change						
Using a computer for word processing						
Navigating the Internet						
Following verbal directions						
Following written directions						
Demonstrating motivation to learn new tasks						
Remaining persistent in the learning process on difficult tasks						
Maintaining and following a daily schedule						
Remember and keeping up with due dates, assignments						
Studying given information						

Give an explanation of the applicant's reading abilities (and approximate grade level equivalent):

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Give an explanation of the applicant's writing/composition abilities (and approximate grade level equivalent):

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Give an example of the applicant's math abilities (and approximate grade level equivalent):

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Does the applicant utilize assistive technology for the purpose of communicating (e.g. voice recognition, dictation, iPad, etc.)?

☐ Yes    ☐ No

If Yes, please describe the type of technology used:

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### Parent/Guardian Agreement for Payment

There is a program fee that is associated with participation in the FIU Embrace Education non-degree seeking program. This fee will cover all of the academic and social supports that are provided to the FIU Embrace Education students in the program, which is outside of the usual university tuition and fees. The following is the breakdown of the cost, per semester, per year:

Fall - \$7,052.62

Spring - \$7,052.62

Summer - \$2,644.75

FIU Embrace Education is a federally approved program, this allows students to receive Pell grants and financial aid. Our program is also funded by the Division of Vocational Rehabilitation (VR). All families are responsible for the completion of all documentation necessary to access aid through the federal government and VR. All students must complete a FAFSA upon receiving a letter of acceptance to the FIU Embrace program, indicating their intent to attend FIU. Additionally, all students/families are responsible for securing VR benefits prior to entering the FIU Embrace program.

I, \_\_\_\_\_, Parent/Guardian of FIU Embrace Education applicant, and I, \_\_\_\_\_, FIU Embrace Applicant, agree to pay for tuition, fees (including special assessment and program fees) and books, should the applicant be accepted into the FIU Embrace Education Program and the applicant not be eligible/not receive sufficient funding from FAFSA or the Florida Department of Education – Division of Vocational Rehabilitation, to cover the total cost of this program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed



Parent/Guardian Agreement  
for Reimbursement of Psychological Evaluation

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

Parent/Guardian Name: \_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian of FIU Embrace Education applicant, and I, \_\_\_\_\_, FIU Embrace Education Applicant, agree to reimburse FIU Embrace for the cost of the required psychological evaluation (\$1,750.00) that will be completed by FIU's Center for Children and Families, as part of the FIU Embrace Education application process. We understand that we will only be required to pay the cost of the psychological evaluation if we decline an offer of admission to the FIU Embrace Education program. We also understand that a previous admission offer does not guarantee a future offer of admission. Therefore, if we decline an offer of admission, we understand that this offer is only valid for the semester for which it was offered. Finally, if we decline this admission offer and would like to reapply in the future, we understand that the \$1,750 balance must be paid in full prior to the resubmission of an application.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

## Florida Division of Vocational Rehabilitation Services

If an FIU Embrace applicant is not a current client of the Florida Division of Vocational Rehabilitation (DVR) Services, the applicant/family must reach out to the local DVR office to apply. Currently, the Florida DVR Services (on a case-by-case basis) will determine if a DVR client is eligible to be funded for the FIU Embrace Education program. If it is determined that DVR will not fund an applicant for this program, then it is the applicant's/family's responsibility to pay for the cost of the program.

### Area 6 (Miami-Dade) Office Locations

<b>Key Largo Unit 23LB</b> 103400 Overseas Hwy., Suite 251 Key Largo, FL 33037-2834 Phone: (305) 453-1271 Fax: (305) 453-1270 <b>Margaret Raspiller, Supervisor</b> <b>County: Monroe</b>	<b>Key West Unit 23L</b> 1111 12th Street, Suite 311 Key West, FL 33040 Phone: (305) 289-6174 Fax: (305) 292-7127 <b>Margaret Raspiller, Supervisor</b> <b>County: Monroe</b>	<b>Marathon Unit 23LA</b> 2796 Overseas Hwy., Suite 212 Marathon, FL 33050-4276 Phone: (305) 289-6174 Fax: (305) 289-6181 <b>Margaret Raspiller, Supervisor</b> <b>County: Monroe</b>
<b>Miami Unit 23B</b> 12000 Biscayne Blvd., Suite 204 Miami, FL 33181-2742 Phone: (305) 795-2285 Fax: (305) 795-3488 <b>Yolanda Martinez, Supervisor</b> <b>County: Miami-Dade</b>	<b>Miami Unit 23C</b> 3625 NW 82 Avenue, Suite 204 Miami, FL 33166-7600 Phone: (305) 513-7880 Fax: (305) 513-7897 <b>Rashawn Thomas, Supervisor</b> <b>County: Miami-Dade</b>	<b>Miami Unit 23D</b> 5835 Blue Lagoon Drive, Suite 350 Miami, FL 33126-6046 Phone: (305) 643-7600 Fax: (305) 643-7618 <b>Maida Izquierdo-Diaz, Supervisor</b> <b>County: Miami-Dade</b>
<b>Miami Unit 23E</b> 8700 West Flagler St., Suite 210 Miami, FL 33174-2401 Phone: (305) 442-6885 Fax: (305) 225-5943 <b>Elaine Gonzalez, Supervisor</b> <b>County: Miami-Dade</b>	<b>Miami Unit 23F</b> 5835 Blue Lagoon Drive, Suite 101 Miami, FL 33126-2036 Phone: (305) 643-7650 Fax: (305) 643-7666 <b>Tanya Acevedo, Supervisor</b> <b>County: Miami-Dade</b>	<b>Miami Unit 23G</b> 2828 SW 22nd St, Suite 480 Miami, FL 33145-3224 Phone: (305) 442-6970 Fax: (305) 442-6975 <b>Berta Aldir, Supervisor</b> <b>County: Miami-Dade</b>
<b>Miami Unit 23H</b> 8700 W. Flagler Street, Suite 403 Miami, FL 33174-2543 Phone: (305) 227-7580 Fax: (305) 227-7584 <b>Julio Ruiz, Supervisor</b> <b>County: Miami-Dade</b>	<b>Miami Unit 23J</b> 11285 SW 211 Street, Suite 401 Miami, FL 33189 Phone: (305) 252-4452 Fax: (305) 252-4320 <b>Joanna Hernandez, Supervisor</b> <b>County: Miami-Dade</b>	<b>Miami Unit 23K</b> 11430 N. Kendall Drive Suite 200 Miami, FL 33176 Phone: (305) 378-5911 Fax: (305) 596-3001 <b>Caridad Nieblas, Supervisor</b> <b>County: Miami-Dade</b>
<b>Miami Unit 23M</b> 1111 Park Center Blvd., Suite 100 Miami, FL 33169-5365 Phone: (305) 628-7244 Fax: (305) 628-7248 <b>Caridad Cid, Supervisor</b> <b>County: Miami-Dade</b>	<b>Miami Unit 23N</b> 12000 Biscayne Blvd., Suite 500 Miami, FL 33181-2725 Phone: (305) 892-4283 Fax: (305) 892-4286 <b>Marie Joseph-Fleurimond, Supervisor</b> <b>County: Miami-Dade</b>	<b>Miami Unit 23O</b> 11285 SW 211 St., Suite 305 Miami, FL 33189-2211 Phone: (305) 256-6200 Fax: (305) 256-6396 <b>Willy Louis-Charles, Supervisor</b> <b>County: Miami-Dade</b>
<b>Miami Unit 23P</b> 7975 N.W 154 St., Suite 450 Miami Lakes, FL 33016-5864 Phone: (305) 364-3000 Fax: (305) 364-3135 <b>Natalie Gonzalez, Supervisor</b> <b>County: Miami-Dade</b>	<b>Brenda Lampon, Area Director</b> <b>Kirenia Pintado, Area Supervisor</b> <b>Catherina Rozario, Area Supervisor</b> VR Administrative Office 7975 NW 154th Street, Suite 230 Miami Lakes, Florida 33016-5864 <a href="mailto:Brenda.Lampon@vr.fldoe.org">Brenda.Lampon@vr.fldoe.org</a> Phone: (305) 459-9161 Fax: (305) 364-3024	

## Area 7 (Broward & Palm Beach) Office Locations

<b>Belle Glade Unit 21AA</b> 1085 South Main St. Belle Glade, FL 33430-4907 Phone: (561) 992-1316 Fax: (561) 992-1378 <b>Carla Leaty, Supervisor</b> <b>County: Palm Beach</b>	<b>Boca Raton Unit 21B</b> Congress Corporate Plaza 902 Clint Moore Rd., Suite 118 Boca Raton, FL 33487-2846 Phone: (561) 544-4657 Fax: (561) 544-4663 <b>Shanqua Sims-Brown, Supervisor</b> <b>County: Palm Beach</b>
<b>Coral Springs Unit 22E</b> 2825 North University Drive, Suite 210 Coral Springs, FL 33065 Phone: (954) 346-2828 Fax: (954) 346-2801 <b>Caitlyn Forman, Supervisor</b> <b>County: Broward</b>	<b>Ft. Lauderdale Units 22B and 22C</b> 1400 West Commercial Blvd., Suite 115 Ft. Lauderdale, FL 33309-3782 Phone: (954) 202-3800 Fax: (954) 202-3890 <b>Prudence Mollica, Supervisor 22B</b> <b>Kimberly Smith, Supervisor 22C</b> <b>County: Broward</b>
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