



**Office Use Only:**

Tour Date: \_\_\_\_\_

App. Date: \_\_\_\_\_

# D'VINE PATH STUDENT APPLICATION

---

## ENTRANCE CRITERIA

---

*Evaluation of the appropriateness of the program for the applicant takes into account the following criteria:*

### **The individual:**

- May or may not be a consumer of the Regional Center, or makes arrangements to pay program fees from private means
- Can achieve IPP goals in the program
- Is at least 18 years of age
- Is medically stable (able to attend program on a regular basis)
- Is able to perform personal care independently or have personal care needs routinely met during the program day with 1:10 staff support. If D'Vine Path is determined to be the best service to meet the particular consumer's needs and the consumer's level of support is greater than routinely offered, the consumer may enter the program with supplemental staff support
- Is sufficiently ambulatory due to active ranch conditions that have hills, uneven land, and gravel roads. We encourage all consumers to wear flat, comfortable shoes.
- Has cognitive ability sufficient to participate in the program services and activities
- Maintains a level of behaviors in the emotional domain such that the referred consumer can be fully included in the variety of activities that are offered in the program design
- Does not possess behaviors that frequently disrupt activities or threaten injury to persons or property

*We are not a licensed day program and cannot provide services to students who need intensive support such as personal care, toileting, eating, eloping, wandering, wheel chair bound, etc.*



---

## SECTION 1: APPLICANT DETAILS

---

### **Applicant Information**

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

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

T-Shirt Size (Circle):    **S**    **M**    **L**    **XL**    **XXL**    **3XL**    **4XL**

Is the applicant conserved: Yes or No

### **Conservator**

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

Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Parent/Guardian/Emergency Contact Information**

#### *Primary Contact*

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

Relationship to Applicant: \_\_\_\_\_



*Primary Contact (cont.)*

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Secondary Contact*

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

Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Transportation Information**

Is the student or caretaker able to provide transportation to and from program?  
Yes or No

If Yes, please describe transportation details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Funding Information** \*Currently only accepting Regional Center Clients - if you are interested in private pay please contact us at [admin@divinepath.org](mailto:admin@divinepath.org)\*

Are you a current client of Regional Center: Yes or No

*Please circle your Funding Program:* Traditional/Self-Determination

*Please list current services you are receiving:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*Regional Center Service Coordinator*

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Independent Facilitator (if Self-Determination Client)*

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*FMS (Financial Management Service)*

Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



---

## SECTION 2: DIAGNOSIS & MEDICAL

---

### Diagnosis Information:

Primary Disability/Diagnosis *(Please specify the disability or condition the individual has been diagnosed with. Examples: Autism Spectrum Disorder, Cerebral Palsy, Intellectual Disability, Visual Impairment, etc.)*

---

---

---

Secondary Conditions or Co-occurring Disabilities *(if applicable) (If applicable, list any other conditions that may impact the individual's functioning, such as anxiety, ADHD, depression, mobility impairments, etc.)*

---

---

---

### Medical Information:

Does the student have any chronic health conditions? *(e.g., asthma, diabetes, epilepsy, etc.)*

---

---

---



Does the individual have any emergency medical needs or conditions that may require immediate attention? (e.g., seizure disorder, heart conditions, risk of choking, etc.)

---

---

---

Is the Student currently taking any medications? (Please list all medications, dosage, frequency, purpose, and side effects)

---

---

---

Does the Student have any known allergies? (e.g., food, drug, environmental, etc.) (Please list all allergies, reaction, and appropriate response)

---

---

---

Does the student require a personal aid or nurse for medical support when attending class? Yes or No

#### Privacy and Confidentiality Notice

All medical and personal information provided will be kept confidential in accordance with privacy laws, including HIPAA and any applicable local regulations. The information will only be shared with appropriate staff members who need it to provide necessary accommodations and care.



---

## SECTION 3: STUDENT SUPPORT

---

### Background Information

Tell us a little about yourself. What are your hobbies and interests?

---

---

---

What are your goals for joining D'Vine Path?

---

---

---

Have you had previous experience in any of the following areas? *(Check all that apply)*

- Agriculture (gardening, farming, animal care)
- Hospitality (cooking, serving, event planning)
- Arts (drawing, painting, performing arts)
- Customer service (retail, merchandising, cashiering)
- Viticulture (wine production, vineyard work)
- Other (Please specify):

---

---

---



What skills or experiences are you excited to learn or improve on?

---

---

---

Upon graduation, what would be your “dream job”?

---

---

---

**Education:**

High School : \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes or No Diploma? Yes or No

College: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes or No Diploma? Yes or No

Other Training: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes or No Diploma? Yes or No





## Employment

Previous Employment Company: \_\_\_\_\_

Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Previous Employment Company: \_\_\_\_\_

Phone: \_\_\_\_\_ City/State: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Do you have a resume?** Yes or No (If yes please provide a copy)

Have you received any accommodations, support or assistance in the past as a Student or during employment?

---

---

---



## Potential Stressors Checklist

This section helps us understand situations or factors that might cause stress or anxiety for you. Please check all that apply so we can better support you:

- Large crowds or noisy environments
- Bright lights or sudden changes in lighting
- Changes in routine or unexpected schedule adjustments
- Social interactions or meeting new people
- Deadlines or time constraints
- Physical tasks or heavy labor
- Group activities or teamwork
- Working with animals
- Public speaking or performing in front of others
- Using tools or machinery
- Transportation or travel to and from activities
- Conflict or disagreements with others
- Sensory sensitivities (e.g., certain textures, smells, or sounds)
- Other (Please specify): \_\_\_\_\_

Additional Comments:

---

---

---

---

---



## Outdoor Participation Limitations

Please check any box that will be difficult for the participant:

- Be outside in the sun for 2-3 hours
- Use Pruning shears
- Using Harvest Knife
- Carry up to 20 pounds
- Stand for long periods of time
- Reach over head
- Bend or squat to the ground
- Use a Rake or Broom
- Walk long distances

Do you have any allergies to plants or bugs? Yes or No (If Yes, explain below)

---

---

---

Do you have any skin sensitivity to Citric Acid, SO<sub>2</sub>, or Proxiclean? Yes or No

\*The chemicals listed are used to clean and sterilize the wine equipment, students will wear gloves for this.

Do you have any skin problems the instructor needs to be aware of? Yes or No (If Yes, explain below)

---

---

---

Safety is vital to D'Vine Path, please list any concerns or questions you or the student may have about the program:

---

---

---



## Support Needs

### 1. Cognitive and Communication Support:

Does the applicant have difficulty understanding or following directions? *If yes, please provide details about the challenges the applicant faces and how they are typically supported:*

---

---

---

Does the applicant have difficulty communicating (e.g., speech, writing, or using assistive communication devices)? *Please describe the type of communication challenges the applicant experiences and any supports or strategies that help them communicate:*

---

---

---

Is the applicant able to independently make decisions about their care and daily activities? *If not, please describe the kind of support the applicant needs in making decisions:*

---

---

---



**2. Behavioral and Emotional Support:**

Does the applicant experience any behavioral challenges (e.g., aggression, self-injury, wandering)? *If yes, please describe the specific behaviors and any strategies or interventions that help manage them:*

---

---

---

Does the applicant have any emotional needs (e.g., anxiety, depression, difficulty with social interactions)? *If yes, please elaborate on the nature of these needs and any strategies that have been effective in addressing them:*

---

---

---

Does the applicant benefit from structured routines or specific support strategies for managing emotional well-being? *Please explain what types of routines or strategies help the applicant feel more comfortable or regulated:*

---

---

---

**3. Social and Recreational Support:**

Does the applicant enjoy group activities or prefer one-on-one interaction? *Please explain the applicant's preferences for social interactions and activities:*

---

---

---



Are there specific types of activities (e.g., arts and crafts, music, physical exercise) that the applicant enjoys or benefits from? *If yes, please describe the types of activities the applicant enjoys or finds engaging:*

---

---

---

Does the applicant require support or assistance to interact with peers or engage in social activities? *If yes, please explain the support that has been helpful:*

---

---

---

**4. Other Specific Support Needs:**

Does the student require a 1:1 for behavioral support when attending class? Yes or No

Are there any other specific support needs not covered by the previous questions? *If yes, please describe:*

---

---

---

Does the applicant have any preferences or dislikes regarding the type of support they receive? *Please provide details on any preferences or dislikes that would help staff better understand the applicant's needs:*

---

---

---





## Agreement and Signature

I, the undersigned, certify that the above information is true and complete to the best of my knowledge. I understand that acceptance into the D'Vine Path program will be based on an evaluation of my goals and the program's ability to meet my needs.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

### Attachments

Please attach the following documents to complete your application:

1. Individual resume (if applicable)
2. Any relevant IEP, IPP, or support plans
3. Optional: A short personal statement or video introduction

*Submit this application to [info@dvinepath.org](mailto:info@dvinepath.org) or mail it to:*

D'Vine Path Office  
4735 Olive Hill Road  
Fallbrook, CA 92028

Thank you for taking the time to complete this application thoroughly and honestly. This information is invaluable in ensuring placement, support and success as a potential D'Vine Path student. A D'Vine Path representative will be in contact with you shortly. For any questions, contact us at (760) 626-6116.