



## REQUIREMENTS TO APPLY

- ♦ Applicant is aged 16-25.
- ♦ Applicant has a diagnosis on autism spectrum disorder (ASD).
- ♦ Applicant is eligible for Louisiana Rehabilitation Services.
- ♦ Applicant scores at least 75% on the CYA Program assessment.
- ♦ Applicant has an interest in a career in a computer related field such as: computer science, information technology, video game design, computer animation, web design, coding/programming, data management, data analytics, or other computer related field.
- ♦ Applicant has a supportive parent/guardian.
- ♦ Applicant has reliable transportation to appointments, classes, interviews, work, etc.
- ♦ Applicant has a goal of competitive employment in a computer related field upon completion of training/certification/education.
- ♦ Applicant can accept feedback and take direction from instructors, vocational and employment specialists, and supervisors.
- ♦ Applicant can attend and participate in classes lasting up to 90 minutes.

## APPLICATION SELECTION PROCESS

1. Once the CYA Program staff receive the application, the applicant will be contacted to schedule an interview and assessment.
2. If accepted, the participant and parent/guardian will attend a program orientation and LRS informational meeting, after which the participant will be assigned a vocational or employment specialist who will guide that participant through LRS application, training/school application, and provide various support services.

## APPLICANT INFORMATION FOR ADMISSION

### Applicant Information

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

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

Gender (select one): male female other does not wish to self-identify

Preferred pronouns (select one): she(her) he(him) they(them)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Primary phone number \_\_\_\_\_ Primary email address \_\_\_\_\_

### Parent/guardian Information:

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

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

Gender (select one): male female other does not wish to self-identify

Preferred pronouns (select one): she(her) he(him) they(them)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Primary phone number \_\_\_\_\_ Primary email address \_\_\_\_\_

Who will be the primary contact for CYA Program staff (select one)?

Participant      Parent / Guardian