Is IGNITE right for you?

Facts to Know About IGNITE

IGNITE is a community center in Davidson, North Carolina for young adults with high functioning autism or Asperger’s syndrome transitioning into adulthood. IGNITE is a place where members can feel comfortable to share ideas, practice skills and be themselves.

Expectations:

• IGNITE expects members to want to be here, not just come because their parents insist. Individuals are unlikely to learn anything if they don’t want to be here.

• A person with HF autism or Asperger’s syndrome must apply and be accepted as a member before he/she can attend.

• IGNITE wants all of its members to become as independent as they can.

• Members are expected to be able to function in the community independently.

• IGNITE is a judgment–free zone.

• IGNITE believes members should have a say in their own lives.

• Members are expected to be respectful of others.

• Once someone is accepted to IGNITE, he/she should commit to attending regularly (If a member is away at school, it is OK if they only come when home visiting). This commitment may mean coming to groups or workshops he/she needs, rather than just the ones he/she thinks will be fun.

• There is currently no fee, but this may change at a later time. Members are, however, expected to pay any activity fees and meals when in the community. Donations are welcome!

• IGNITE staff realizes that new environments and people can be difficult to get through the first couple of times. We will try to help you through the transition to IGNITE, and we encourage you to attend a variety of activities as soon as you become a member. This will help you get comfortable faster, and help identify activities and groups that you would like to continue attending.

Learning:

• IGNITE will help members recognize and appreciate their own strengths and interests.

• IGNITE supports each member to pursue their own path in life.
• Members work toward success in skills common to the group such as social and thinking skills, coping with anxiety, and self-confidence.

• Members work toward their own personal goals, such as getting a job, going back to college, or deciding on a career path.

• Members work on learning independent living skills, such as healthy cooking, exercise, and caring for a living space.

• Members are encouraged to share their knowledge and experiences with other members.

• Members can choose which learning activities will be important for them.

• IGNITE staff will support members in becoming self-sufficient and responsible adults.

• IGNITE staff tries to make all learning activities fun.

Fun:

• IGNITE is a social environment where members can make friends and experience a sense of community.

• Members are encouraged to share interests with others, and be involved in choosing activities.

• Activities might take place in IGNITE’s space (like cooking or game night), or out in the community (dinner at a restaurant, movies, sports, etc.).

• Members are also encouraged to get together with one another for activities on their own.

Basic Guidelines:

• Members are expected to monitor their email, and be able to manage the IGNITE schedule on their own. Staff will be happy to help new members set up emails, learn to check for notices, and look up the schedule. We ask that parents (guardians) encourage these practices at home.

• Important notices will be posted on IGNITE’s Facebook (which is private to members) and our website, and may be emailed as well. Notices will include closings due to weather or other circumstances.

• Transportation to and from IGNITE is not provided. For some community activities, however, we may offer rides if we have available spaces in staff vehicles.

• Because our members are adults, we will need their written permission to speak with family members or other parties about their experiences at IGNITE. Members can refuse to give permission if they choose (unless they have a legally appointed guardian), and staff will honor their privacy.

For additional information please email us at ignite_davidson@autismsociety-nc.org

IGNITE is a program of the Autism Society of North Carolina with founding support from the Evernham Family Racing for a Reason Foundation.
Applying for IGNITE

There are three steps to applying for membership in IGNITE:

1. **Fill out the application.**
   - Applicants **must** have a diagnosis of high functioning autism or Asperger’s syndrome and have graduated high school to participate.
   - An application to become a member of IGNITE is attached. If you are interested in applying, the first step is to fill out the application and email it to: ignite_davidson@autismsociety-nc.org or mail it to: IGNITE; 209 Delburg Street, Suite 134; Davidson, NC 28036
   - If you have questions about filling out the application, you can ask a parent or someone who knows you well to help you, or leave some questions blank and when you come for the interview we can fill it out together.
   - There are limited slots for membership in IGNITE, and there may not be any open slots at the time we receive your application. The director will contact you by email to confirm that your application was received and give you an estimated timeframe of when new memberships will be available.

2. **Come for an interview:**
   - When a spot opens up, the director will contact you by email to make an appointment to meet you and ask some questions to get to know you. You can also get to know the staff and ask questions you may have.
   - Parents, siblings, or caregivers are welcome to come to the interview with you if you choose.

3. **What happens next?**
   - IGNITE looks for members who want to learn to be more independent, and have a desire to participate, ability to work in a group, and have beginning independence skills.
   - Acceptance to IGNITE will be decided by the director and staff of IGNITE. If you do not get a slot immediately, don’t worry - your application can be kept until more slots open up, and then we will contact you again.
   - Based on meeting you and the information we gather, it is possible that IGNITE may not be the right program for you. If this is the case, we will let you know. If we know of other organizations that have a group that might fit you better, we will let you know about them, or we will refer you to the Autism Society of North Carolina’s Autism Resource Specialists.
   - Please email if you have questions, ignite_davidson@autismsociety-nc.org

*Thank you for your interest in IGNITE!*

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Membership Application

Date: ________________

About You:

Legal Name (applicant): ____________________________________________________________

Preferred Name (or nickname): ____________________________________________________

Do You Live In (circle one): your own home/apt. Dormitory Parent/family home

Street Name: ____________________________                         City: ______________________

Home Phone: ( )________________________ Cell Phone: ( )___________________________

Your Email Address: _________________________________________________________

Date of Birth: ___________ Age: _____ Sex: _____

Diagnosis (required): ____________________________________________________________ (Please attach most recent diagnostic evaluation)

How old were you (approx.)? ________________

What doctor provided the diagnosis (i.e. psychologist, pediatrician) ______________________________

Other medical conditions: _______________________________________________________

Medications and/or allergies: ____________________________________________________

Any other medical emergency issues we should be aware of: ____________________________

____________________________

Parents: (optional)

Names: __________________________________________________________

Address: _____________________________________________________________ City: ______________________

Parents’ Phone: ___________________ Cell Phone: ___________________ Email: ______________________

Do you have a legally appointed guardian? ____ Yes ____ No

If Yes, who is listed as the guardian and what type? _______________________________________

(please attach guardianship documents)

Emergency Contact Person (if different than parent/guardian)

Name: ___________________________ Phone: ________________ Other Phone: _______________

Their relationship to you: ____________________________________________________________
Transportation
Do you drive? __ yes __ no
If not, do you have reliable transportation to all daily activities? Please describe mode of transportation (including all potential drivers): ____________________________________________________________

Education
Did you graduate from High School? ___ Yes ___ No Type of Diploma: ____________________________________________________________
Did you previously attend college? _____ Did you graduate? _____ With what degree? ____________________________________________
Are you currently enrolled in a college, university or technical school? _____ Yes _____ No
If Yes, what is the name of the school? ____________________________________________ What year are you in? _________
What degree and major (or certification) are you pursuing? ____________________________________________________________

Services
Have you applied for Medicaid? ___ Yes ___ No ___ Don’t know
Have you applied for SSI, or other services? ___ Yes ___ No ___ Don’t know
Did you ever receive Vocational Rehabilitation Services? ___ Yes ___ No ___ Don’t know
If yes, do you currently have an open case? ____Yes ____ No ____ Don’t know

Employment
Are you currently working or volunteering? _____ Yes ___ No Is it paid or volunteer work? ____________________________
If Yes: Did someone help you get this position? ________________________________________________________________
What is the position / job title? ________________________________________________________________
What is the name of the company / business? ________________________________________________________________
What days and hours do you work? ________________________________________________________________

If not employed:
Have you ever had a paying job? ___ Yes ___ No
Do you want to obtain employment? ___ Yes ___ No
Have you applied for any jobs? ___ Yes ___ No
What type of job would you like to have? ________________________________________________________________
Membership

Are there limited times you can participate as a member? ___ Yes ___ No

When (i.e. school vacation breaks, work, etc.)?

______________________________

Why are you applying to IGNITE? Check all that apply:

___ I want to meet new people and make new friends.
___ I want to learn new things and strengthen certain skills.
___ I want to explore or prepare for a career or college.
___ I want to have a place to go because I get bored at home.
___ I want to be more self-sufficient and not depend so much on others.
___ I want to prepare to live on my own.
___ Other reasons:  ____________________________________________

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

________________________________________________________________

________________________________________________________________

________________________________________________________________

Is there anything else you would like us to know about you?  ____________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________

Signature