



114 Dixie Drive
Deer Park, Texas 77536
support@stepstx.org
www.stepstx.org

Thank you for your interest in Skills Transitioning and Employment Pathways to Success!

Here at S.T.E.P.S., we believe every person, regardless of their abilities, deserves the opportunity to share their individual talents with the world. Our first training center gives young adults the ability to learn hands-on vocational skills in our shirt shop, balloon design studio, and our office center. Young adults have the opportunity to go through the order process from receiving orders to order pick-up or distribution. The skills our young adults learn can be applied to all facets of their life and allow them to increase their independence.

We strive to create the ideal environment for each one of our young adults, where they can grow in their vocational skills each day. Through our detailed assessment and interview process, we determine if our program is a fit for each young adult. At this time, we have a limited number of job positions available and as such we must ensure each young adult is a perfect fit for our current training center. As we grow and continue to add additional training centers, we will be able to reassess all previous applicants.

After returning the complete application, a member of the S.T.E.P.S. administrative staff will review it and present all the information to our team. A member of the S.T.E.P.S. administrative staff will contact you to set up the interview and assessment. Upon completing our application process, our team will have a meeting to determine if we have an opening that would suit your young adult. You will be notified by our staff about our determination regarding the placement of your young adult. If your young adult has secured a place in our current facility, a staff member will work with you to determine the best start date for your young adult. If we do not have a position available at our current location, young adults will have the opportunity to attend our partner Day Habilitation Center, Next Step Transition Center. We will keep all young adult information on file and you will be contacted as soon as new positions become available.

Please feel free to contact us at support@stepstx.org with any questions you may have regarding this process. You may bring in applications any time Monday- Friday between the hours of 9:00 AM and 3:00 PM, excluding holidays. Again, thank you for your interest in our program and we look forward to growing alongside your young adult!

Warm Regards,
S.T.E.P.S. Team



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Application for Services

Name of Individual: _____
Last Name Middle Initial First Name

Address: _____
Street Address City Zip Code

Phone Number: _____ Alternative: _____

Email Address: _____

Date of Birth: _____ Sex: _____ Male _____ Female

Social Security #: _____ Medicaid #: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

Primary Language: _____ English _____ Spanish _____ Other: _____

Communication Mode: _____ Verbal _____ Non-Verbal

Communication Device(s): _____

Emergency Contact: _____
Last Name First Name

Relationship to Individual: _____ Phone Number: _____

Background Information

Place of Birth: _____
City County State

Legal Status: _____ Child _____ Competent Adult _____ Adult with Legal Guardian



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Name of Guardian: _____
Last Name First Name

Address of Guardian: _____
Street Address City Zip Code

Phone Number of Guardian: _____

Mobility & Self Care

Mobility (Check One):

<input type="checkbox"/> Walks Independently	<input type="checkbox"/> Walks with Assistance From Others
<input type="checkbox"/> Requires walker, crutches, or cane	<input type="checkbox"/> Uses Wheelchair Independently
<input type="checkbox"/> Uses Wheelchair with Assistance	

Eating (Check One):

<input type="checkbox"/> Eats Meals Independently	<input type="checkbox"/> Requires adaptive eating utensils
<input type="checkbox"/> Requires assistance to eat	<input type="checkbox"/> Must be tube fed

Dressing (Check All that Apply):

<input type="checkbox"/> Dresses Independently	<input type="checkbox"/> Requires assistance with buttons, zippers or snaps
<input type="checkbox"/> Requires assistance when picking out appropriate clothing	<input type="checkbox"/> Requires assistance with socks and shoes
<input type="checkbox"/> Requires total assistance	

Bathroom (Check One):

<input type="checkbox"/> Restrooms Independently	<input type="checkbox"/> Requires Verbal Reminders
<input type="checkbox"/> Requires assistance with clothing and/or wiping in restroom	<input type="checkbox"/> Has a bowel and bladder program
<input type="checkbox"/> Has Catheter	<input type="checkbox"/> Has a Colostomy Bag



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Grooming/Hygiene(Check all that apply):

_____ Showers/Bathes Independently	_____ Requires Assistance with water temperature
_____ Requires Verbal Reminders to wash/rinse hair	_____ Must be closely supervised in shower/bath
_____ Brushes Teeth Independently	_____ Requires verbal reminders to brush teeth
_____ Requires Assistance to brush teeth	_____ Unable to brush teeth
_____ Combs/brushes hair independently	_____ Requires assistance to comb hair
_____ Puts on deodorant, perfume/cologne Independently	_____ Requires assistance with deodorant, perfume/cologne
_____ Trims nails Independently	_____ Requires assistance to trim nails
_____ Shaves independently	_____ Requires assistance with shaving

Meal Preparation/Planning(Check all that apply):

_____ Cooks simple meals independently	_____ Uses microwave independently
_____ Able to follow recipe	_____ Able to make toast/sandwich
_____ Requires assistance to prepare meals	_____ Unable to prepare any food

Socialization/Community(Check all that apply):



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_____ Interacts with peers independently	_____ Requires prompting to interact
_____ Withdrawn/keeps to self	_____ Can travel in community independently
_____ Requires minimal supervision in community	_____ Requires close supervision in community

Medical Information

General Physician: _____
Last Name First Name

Address: _____
Street Address City Zip Code

Phone Number: _____

Specialists Type: _____

Name: _____

Address: _____
Street Address City Zip Code

Phone Number: _____

Known Allergies(food,medications,environmental): _____

List all Diagnoses: _____

Past surgeries/medical procedures: _____



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Seizures: _____ No _____ Yes If yes, frequency and type: _____

Special Diet: _____ No _____ Yes If yes, type of diet: _____

Hearing Problems: _____ No _____ Yes If yes, describe type and devices: _____

Vision Problems: _____ No _____ Yes if yes, describe type and aids: _____

Medications

Medication	Dosage/ Frequency	Reason

By signing below, I agree and affirm that all information is correct and up to date. I understand and affirm that I am responsible to update Skills, Transitioning and Employment Pathways to any changes to this information.

Name of Individual: _____
Last Name Middle Initial First Name

Signature: _____ Date: _____



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LAR/Guardian Signature: _____ Date: _____

S.T.E.P.S Administrative Staff Signature:

Date: _____

Individual Releases

Name of Individual: _____

EMERGENCY/MEDICAL

_____ I authorize the staff and contractors of Skills, Transitioning & Employment Pathways to Success to seek medical assistance and treatment for myself or my individual in the event of an emergency.

TRANSPORTATION

_____ I hereby give the staff and contractors of Skills, Transitioning & Employment Pathways to Success permission to provide transportation to myself or my individual to scheduled activities, special events or in the case of an emergency.

RELEASE FOR PHOTOS, AUDIO AND VIDEO TAPE

_____ I hereby give the staff and contractors of Skills, Transitioning & Employment Pathways to Success permission to take and release pictures, films, and audio or video tape recordings of me/my son/daughter to assist in promoting and providing services for Skills, Transitioning & Employment Pathways to Success.

By signing this document, I agree and affirm that I have read and completely understand all of the above releases.



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Signature of Individual/LAR/Legal Guardian

Date