

Dear Applicant and Guardian:

Thank you for your interest on our Modern Dance Program. Enclosed is an application for enrollment. Once you have completed the application, submit it along with the following documentation:

- A current Psychological (within three years)
- If the IQ is over 60, an adaptive behavior scale score
- A social history (psycho social evaluation)
- Most recent IEP from school or; any other professional assessment that documents that the developmental disability occurred prior to the age of 22
- Social Security Number
- Medicaid Number

In order to process the application, all documents must be received together as a packet. Please submit all documents to:

Town of Islip Youth Bureau Modern Dance Program 401 Main Street Islip, NY 11751

If you have any questions, contact us at (631) 224-5320 or e-mail us at: youthbureau@islipny.gov.



TOWN OF ISLIP 401 Main St., Islip, NY 11751

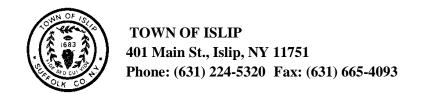
Phone: (631) 224-5320 Fax: (631) 665-4093



Therapeutic Recreation Program Modern Dance Application

Age:	Date of Birth:		
of years participating in t	the dance progra	m:	
City:			
	Sex: Male	Female	
l, cognitive emotional or	other disability t	he applicant has:	
s without special supervi	sion?		
Telephone #:			
onship to applicant:			
1	Foday's Date:		
	If No, describe how theTelephone #:	Age: Date of of years participating in the dance programative Sex: Male Sex: M	

Please mail this completed form with all required documents to: Town of Islip Youth Bureau Modern Dance Program, 401 Main Street, Islip, NY 11751.





Dear Applicant

The Town of Islip Therapeutic Recreation Modern Dance Program is funded through the New York State Office for People with Developmental Disabilities (OPWDD). They require that each applicant provide their Social Security and Medicaid information.

Please clearly print information below:	

Name:	 	
Social Security #: _		
, _		
Medicaid #:		

Thank you for your cooperation.