



## Thrive Program Application, Spring 2025

### What is the Thrive Program?

Thank you for your interest in the Thrive Program! This online program aims to maximize your understanding of your life through self-determination and self-advocacy, and help you set goals for self-regulation and decision making. We offer opportunities for adults to develop knowledge and skills in the following areas:

- 1) Self-awareness, self-determination & self-advocacy
- 2) Life management, personal health, and financial literacy
- 3) Career exploration

### What will participation look like?

Participants of the Thrive Program will:

- 1) Complete an application
- 2) Attend evening classes online for three months on the dates outlined under time commitment
- 3) Develop personal goals and next steps for working toward those goals

### Who can apply?

Individuals ages 18-30 with a confirmed diagnosis of Autism Spectrum Disorder who are:

- 1) Not currently enrolled in high school (or are in their last year of High School)
- 2) Willing to participate in all aspects of the program

### What is the time commitment?

All class dates below are Mondays from 3:00-5:00 PM, except:

**\*Orientation 2/3 and Closing 5/12, 3:00-4:00 PM:**

Feb/Mar: Orientation/Phase 1	March/April: Phase 2	April/May: Phase 3
2/3, 3-4 pm: Orientation*	3/10: 3-5 pm: Life Management	4/14: <b>BREAK! NO CLASS</b>
2/10, 3-5 pm: Self Determination	<b>3/17, BREAK! NO CLASS</b>	4/21, 3-5 pm: Career Exploration
2/17, 3-5 pm: Self Determination	3/24, 3-5 pm: Life Management	4/28, 3-5 pm: Career Exploration
2/24, 3-5 pm: Self Determination	3/31, 3-5 pm: Life Management	5/5, 3-5 pm: Career Exploration
3/3, 3-5 pm: Self Determination	4/7, 3-5 pm: Life Management	5/12, <b>3-4 pm: Closing*</b>

### What is the cost?

The Thrive Program is funded by the New Mexico Department of Health. There is no cost for participants.

### Where and when can I apply?

Applications can be emailed now to Mariah Montoya at [malmontoya@salud.unm.edu](mailto:malmontoya@salud.unm.edu) by **Tuesday, January 21st, 2025**. Applicants will be notified of acceptance no later than Friday, January 31st, 2025.



CENTER FOR DEVELOPMENT & DISABILITY

Applicant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_
Last First Middle Initial

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Occupation, if applicable: \_\_\_\_\_

- Recent HS Graduate College Student Seeking Employment Other

DEMOGRAPHIC INFORMATION (Optional)

Ethnicity:

Do you consider yourself to be Hispanic/Latino(a)? Yes No

Race:

Please check which best describes your race

- American Indian or Alaskan Native Black/African American Caucasian/White Asian
Native Hawaiian/Pacific Islander Bi-racial/Multi-racial

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

If other than the applicant, who is filling out this application? \_\_\_\_\_

Education – High School and Beyond

Table with 4 columns: Years, School/City, Major Subjects, Diploma/ Degree

Employment History:



**What do you hope to gain from participation in the Thrive Program?**

**What kind of work do you like?**

**Do you have special skills or training in specific interests? (Computer expertise, sign language, musical instrument, etc.)**

**Please list involvement in organizations in your community:**

**So that we can tailor these courses to the students involved, please tell us about your strengths and challenges:**

**Is there anything else that is important for us to know about you?**

**Will you commit to attending for all of the dates and times listed on page one under "Time Commitment"?**

YES

NO

**RETURN ENTIRE APPLICATION via email by **Tuesday, January 21st, 2024** to:  
Mariah Montoya at [malmontoya@salud.unm.edu](mailto:malmontoya@salud.unm.edu)**