

Thrive Program Application, Spring 2026

What is the Thrive Program?

Thank you for your interest in the Thrive Program! This <u>online</u> 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 2/2 and Closing 5/11, 3:00-4:00 PM:

Feb/Mar: Orientation/Phase 1	March/April: Phase 2	April/May: Phase 3
2/2, 3-4 pm : Orientation*	3/9, BREAK! NO CLASS	4/13, 3-5 pm: Life Management
2/9, 3-5 pm: Self Determination	3/16, 3-5 pm: Life Management	4/20, 3-5 pm: Career Exploration
2/16, 3-5 pm: Self Determination	3/23, 3-5 pm: Life Management	4/27, 3-5 pm: Career Exploration
2/23, 3-5 pm: Self Determination	3/30, 3-5 pm: Life Management	5/4, 3-5 pm: Career Exploration
3/2, 3-5 pm: Self Determination	4/6: BREAK! NO CLASS	5/11, 3-4 pm : Closing*

What is the cost?

The Thrive Program is funded by the New Mexico Health Care Authority Developmental Disabilities Support Division. There is no cost for participants.

Where and when can I apply?

Applications can be emailed now to <u>CDD-NMAutismPlus@salud.unm.edu</u> by <u>Tuesday</u>, <u>January 20</u>, <u>2026</u>. Applicants will be notified of acceptance no later than Thursday, January 29th, 2026.



Applicant's Name:	Applicant's Name:		DOB:	Pronouns:
Last	First	Middle	Initial	
Mailing Address:				
-	County:	<u> </u>		Zip Code:
Email Address:				
Home #:	Cell #:		Work	#:
Occupation, if applicable	:			
□ Recent HS Graduate	□ College Student	□ See	king Employment	□ Other
DEMOGRAPHIC INFORMA	ATION (Optional)			
Ethnicity:				
Do you consider yourself	to be Hispanic/Latino(a)?	' □ Yes □ No		
Race:				
nace.				
nace. Please check which best c	describes your race			
	•	African American	□Caucasian/Wl	nite □Asian
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Employment History:



What do you hope to gain from participation in the TI	nrive Program?
What kind of work do you like?	
Do you have special skills or training in specific interestinstrument, etc.)	sts? (Computer expertise, sign language, musical
Please list involvement in organizations in your comm	nunity:
So that we can tailor these courses to the students in challenges:	volved, please tell us about your strengths and
Is there anything else that is important for us to know	v 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 20, 2026 to:
The Thrive Team at CDD-NMAutismPlus@salud.unm.edu