



**N.E.S.T Program Participant Application**  
**A Little Compassion Inc./The Nest Coffee House**  
**162A Main St. Deep River, CT 06417**



The Nest Coffee House is an equal opportunity employer and encourages young adult applicants with autism and other neurodiversities to join our team. We believe that when individuals of all backgrounds, gender identities, race, or religions come together it creates a richer world for us all.  
 The N.E.S.T Program is a fee for service program for eligible applicants.

**Please Assure All Sections of Application are Completed.**

Date Completed \_\_\_\_\_

Number of Hours/Days per week desired \_\_\_\_\_

Date Available to Start \_\_\_\_\_

**Applicant Information**

**Full Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Work Availability**

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

**Guardian/Emergency Contact**

**Full Name:** \_\_\_\_\_

**Relation to Applicant:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**Email:** \_\_\_\_\_

# Education

High School/Transitional Program: \_\_\_\_\_

City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? Y N Still attending

Degree/Certificate: \_\_\_\_\_

College/Trade School/Vocational Program: \_\_\_\_\_

City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Did you Graduate? Y N Still attending

Degree/Certificate: \_\_\_\_\_

# References

Please list three personal/professional references (not relatives).  
If referred from school transitional program, please list program contact as reference 1.  
If referred from other vocational services, please list case manager as reference 1.

Full Name: \_\_\_\_\_

Company/How Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

.....  
Full Name: \_\_\_\_\_

Company/How Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

.....  
Full Name: \_\_\_\_\_

Company/How Known: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

# Strengths and Supports

List at least three of your strengths? \_\_\_\_\_

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What can we do to support you in being successful in this program? \_\_\_\_\_

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What tasks or skills are you hoping to practice or learn in this program? \_\_\_\_\_

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What do you think will be the hardest part of the program for you? \_\_\_\_\_

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Why do you want to complete this program? \_\_\_\_\_

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Is there anything else you want us to know about you? \_\_\_\_\_

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If you have any questions or concerns, please reach out to our Program Director  
Kimberly Taylor, [kim@alittlecompassion.org](mailto:kim@alittlecompassion.org), (475) 202-4867

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading  
information in my application or interview my result in my release.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature** (if applicable): \_\_\_\_\_ **Date:** \_\_\_\_\_