

# ACCE

*Academics, Community, Career Development and  
Employment Program*

Application  
Fall 2026



	<b>Name:</b>
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Date Received (official use only) \_\_\_\_\_

## PROGRAM DESCRIPTION

Easterseals Arkansas (ESA) and the University of Arkansas at Little Rock (UA Little Rock) worked together to develop the Academics, Community, Career Development and Employment Program (ACCE). ACCE offers the opportunity and support for students with intellectual and developmental disabilities (ID/DD) to successfully participate in post-secondary education. The goal is for the students to achieve **Academic** success, lead productive lives in the **Community**, develop a **Career**, and secure competitive, integrated **Employment**.

**ACCE provides a two semester, nonresidential, certification program for students with ID/DD. Academics, social opportunities, work exploration and job placements are all important components of the program. The students have a college experience on the UA Little Rock campus, while attending ACCE classes and preparing for competitive employment.**

The ACCE classes include technology in the workplace, interpersonal skills and communication, problem solving, conflict resolution, self-advocacy, and career development. The program also increases independent life skills such as health, nutrition, stress management, time management, and personal finance. ACCE students learn about resources in the community, such as public transportation and housing, that can greatly impact their ability to work.

In addition to classroom experiences, internships offer practical on the job experience and the opportunity to learn core skills that are necessary to secure and retain competitive employment in the community. Internships are offered in a variety of jobs to help ACCE students identify employment options that interest them and that match their skills.

The ACCE staff are Rosalind Smith, ACCE Coordinator and Carlee Clifton- Pippin, Transition and Employment Manager. They are available to answer questions or to assist you with the application process.

Please email them at [setforsuccess@eastersealsar.com](mailto:setforsuccess@eastersealsar.com)  
or 501-804-2037.



**Easterseals Arkansas**  
**Academics, Community, Career Development and Employment Program**  
**Authorization for Release of Information**

I or my Guardian authorize **Arkansas Rehabilitation Services** and/or its director, designee or records department, to release information contained in my records to the Easterseals Arkansas Academics, Community, Career Development and Employment (ACCE) program. If more information is needed, please contact Rosalind Smith, ACCE Coordinator, or Carlee Clifton-Pippin at [setforsucess@eastersealsar.com](mailto:setforsucess@eastersealsar.com) or (501)-804-2037.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Guardian (if applicable): \_\_\_\_\_

Referral Source: High School \_\_\_\_\_ Arkansas Rehabilitation Services \_\_\_\_\_ Other: \_\_\_\_\_

Type of information to be released:

Medical \_\_\_\_\_ Psychological \_\_\_\_\_ Vocational \_\_\_\_\_

**Please send the information to:**

Attention: ACCE (Rosalind Smith and Carlee Clifton-Pippin)  
3920 Woodland Heights Rd.  
Little Rock, Arkansas 72212

The individual above has applied to the Easterseals Arkansas ACCE program. ACCE is a post-secondary program located on the UA Little Rock campus. Individuals attending ACCE have an intellectual or developmental disability. The information requested will help to develop training and employment goals for the individual.

This release may be revoked at any time and shall be valid no longer than is reasonably necessary to accomplish the purpose for which it is given.

This release expires 12 months following the date signed.

Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## **Eligibility Criteria**

### **Applicants for the ACCE program need to meet the following eligibility criteria:**

- Have a documented intellectual disability or developmental disability.
- Have completed high school with a diploma or a Certificate of Program Completion.
- Are between the ages of 18 and 35 years of age.

- Copy of social security card, driver's license, or state ID
- Have an interest in going to college as a non-degree seeking student to expand career opportunities and earn a certificate awarded by the ACCE Program.
- Able to conduct oneself appropriately on a college campus setting (behavior that may result in disruptions to classmates or others on campus, cause harm to self or to others, or that would require extensive behavioral support from others may lead to disciplinary action and/or dismissal from the program).
- Can make personal decisions.
- Have functional communication skills (verbal or augmented).
- Can safely navigate the UA Little Rock campus.
- Can manage own self-care.
- Will commit to a two-semester program, taking 10 hours per week of classes and participating in internships 12-15 hours per week. Note: Students are expected to attend classes and internships. If attendance falls below 85%, the student will be asked to provide documentation for the absences.
- Demonstrates an interest and is motivated to secure competitive integrated employment upon the completion of ACCE.
- Agree to follow UA Little Rock's Student Code of Conduct in class and on campus.
- Will listen and respond to directions from an instructor, employment specialist, mentor, or internship supervisor.
- Have experience in attending and actively participating in classes for up to 90 consecutive minutes without requiring breaks.
- Will pass or be able to pass any required criminal background checks for internships and employment sites.
- A signed copy of the Easterseals Participant Release and identification form must be submitted within 10 days of offer and acceptance (copy provided below).
- Will apply with Arkansas Rehabilitation Services (ARS) and secure an authorization for services full funding no later than 30 days prior to the start date of ACCE. If an ARS authorization has not been secured or the applicant is not approved for ARS funding for any reason, a private pay ACCE financial agreement will be required (see below).
  - Application and Funding Process:
    - Applicant will apply for Arkansas Rehabilitation Services (ARS) and Adult Development Day Treatment Services (ADDT), if qualified
    - Authorization for full funding must be secured no later than 30 days before the ACCE program year starts.
  - ARS Paid Tuition for ACCE (subject to eligibility and approval by ARS)
    - ARS may pay \$4,000 per semester for two semesters.
    - Authorization from ARS for payment is due before the start of each semester.

- Total ARS-paid tuition for the program year is \$8,000 and an additional \$3,000 is due at the time of job placement (refer to the ARS and ESA MOU).
- Private Pay Tuition for ACCE:
  - For private pay applicants, the tuition is \$4,000 per semester for two semesters.
  - Payment is due before the start of each semester.
  - Total private pay tuition for the program year is \$8,000.
  - An additional \$3,000 is due at the time of job placements.
  - Private pay applicants will be required to complete and submit an ACCE Financial Agreement form for review and approval.
- Payment Terms for Private Pay Students:
  - If tuition is private pay, student accounts must remain current for each semester based on the terms agreed upon to continue in the program.
- The attached Easterseals ACCE Financial Agreement form must be submitted within 10 days of the offer and acceptance, and student accounts must remain current for each semester based on the terms agreed upon to continue in the program.

## Application Guidelines

The purpose of this application packet is to provide the ACCE Program Selection Committee with information about each applicant's skills, abilities, and background. The Committee may contact the applicant, parent, case manager, employer, or reference to gather additional information as needed. The goal is to select students who will succeed in the program, earn an ACCE certificate, and achieve competitive, integrated employment (working 20 or more hours per week in their chosen career).

## Submission Instructions

Please submit the completed application to:

**Attention: ACCE (Rosalind Smith and Carlee Clifton-Pippin)**  
Easterseals Arkansas  
3920 Woodland Heights Road  
Little Rock, AR 72212

**Or email to:**

[setforsuccess@eastersealsar.com](mailto:setforsuccess@eastersealsar.com)  
(Use "ACCE Application Packet" in the subject line)

## Important

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**ALL required documents must be submitted together for the Selection Committee to consider your application.**

### Required Documents:

1. **Completed Application Packet**
  - Authorization for Release of Information (page 3)
  - Application (pages 9–12)
  - Applicant Contract and Acknowledgment (page 13)
  - Participant Release and Indemnification (page 14)
  - Financial Agreement (if private paying for ACCE) (page 15-16)
2. **Most Recent Transition Documents**
  - IEP (Individualized Education Program), ISP (Individualized Service Plan), IPE (Individualized Plan for Employment), or any combination thereof
3. **Eligibility and Diagnosis**
  - Minutes from most recent Eligibility Determination
  - Specified Disability Diagnosis or Psychoeducational Testing Results
4. **Additional Documents**
  - High School Transcript
  - Attendance and Disciplinary Records (if currently in high school)
  - Career and/or Transition Assessment Results (if available)

## Selection Process

You are encouraged to apply for services through Arkansas Rehabilitation Services (ARS), at the same time that you are completing the ACCE application.

After the ACCE application is received, the Selection Committee will review only applications that have all the requested information. The Selection Committee is made up of representatives from Easterseals Arkansas and UA Little Rock.

The selection process is as follows: after the applications are reviewed, interviews with the selected applicants will be conducted, some students may be asked to do a second interview, the student selection will be finalized, and letters will be sent to all applicants with their decision.

After being accepted into the ACCE program (acceptance letter provided by ACCE), if you have not applied for ARS, you should contact ARS as soon as possible to ensure your ARS authorization for services and

funding are secured at least 30-days in advance of the start of the program. Rosalind Smith and/or Carlee Clifton-Pippin can assist you with the ARS application process.

ARS funding is **not** guaranteed, but ACCE does offer a private pay option for applicants who are not determined eligible or approved by ARS or for applicants who wish to not seek and secure competitive employment at the end of the program.

## Waiting List

If the total enrollment capacity of the ACCE program has been reached, applicants will be offered the opportunity to be placed on a waiting list until the following fall session. In addition, the applicant will be provided information regarding other potential opportunities within or outside of Easterseals for services to include a list of local providers and contact information.

## Applicants not selected

If an applicant is not selected for the program for any reason, the Transition and Employment Manager or ACCE Coordinator will provide information regarding other potential opportunities within or outside Easterseals for services that may best meet the applicant's needs and goals. A list of local providers and their contact information will be provided.

**If you have questions regarding the application packet, please contact us at:**

- [setforsuccess@eastersealsar.com](mailto:setforsuccess@eastersealsar.com)
- Rosalind Smith, ACCE Coordinator, at 501-804-2037 or [rosalind.smith@eastersealsar.com](mailto:rosalind.smith@eastersealsar.com)
- Carlee Clifton- Pippin, Employment and Transition Manager, at 501-353-3426 or [cclifton@eastersealsar.com](mailto:cclifton@eastersealsar.com)

I understand that I need to apply for services through Arkansas Rehabilitation Services at the same time that I am completing the ACCE application. Being eligible for the ARS does not mean admission to the ACCE program is guaranteed.

By signing below, I agree that I have been provided with and have reviewed the above program description, eligibility criteria, application guidelines, submission instructions, list of required documents, and the selection, waiting list, and applicants not selected process.

\_\_\_\_\_

Individual's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Guardian's Signature (if applicable):

\_\_\_\_\_

Date

# **Application for Admission**

**To be completed by individual (and family)**

## **Personal Information**

Applicants Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

PASSE ID: \_\_\_\_\_

Other Health Insurance: \_\_\_\_\_

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## **Applicants Contact Information**

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County/City of Residence: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  Male  Female

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## Parent/Guardian Information

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

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## Disabilities

- Primary Disability: \_\_\_\_\_
- Secondary Disability (if applicable): \_\_\_\_\_

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## Background Information

- Have you ever been charged with or convicted of a misdemeanor?  Yes  No
- Have you ever been charged with or convicted of a felony?  Yes  No

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## Education Experience

- High School Attended: \_\_\_\_\_
- Year of Graduation: \_\_\_\_\_
- Type of Diploma:  High School Diploma  Certificate of Completion  Other: \_\_\_\_\_
- Have you attended college or training programs?  Yes  No  
If yes, where? \_\_\_\_\_ Completed?  Yes  N

## Employment/Work Experience

- Are you currently employed?  Yes  No  
If yes, where? \_\_\_\_\_

Will you maintain employment while attending classes?  Yes  No

**Describe your two most recent jobs (or volunteer work):**  
(Attach résumé if available)

Employer	Job Duties	Dates	Paid Position?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Service Agencies

- **Are you currently enrolled with, or have you applied for services through Arkansas Rehabilitation Services?**  Yes  No
- **Do you have Medicaid Waiver (CES)?**  Yes  No (If answered yes, please provide the following)  
PASSE Name: \_\_\_\_\_ and Provider's Name: \_\_\_\_\_
- **Do you receive benefits from the Social Security Administration?**  Yes  No  
Type of Benefits (SSI or SSDI): \_\_\_\_\_

**Please list any other service agencies or providers that you are currently receiving services through:**

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## Health Supports

- **Do you need health or medical support for full participation?**  Yes  No  
If yes, please describe:

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## Support & Accommodations

- **Do you require support or accommodations for success in the classroom, on campus, or at a job?**  
 Yes  No  
If yes, please explain:

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- **Do you have access to a home computer with internet?**  Yes  No  
If yes, describe the device and internet access: \_\_\_\_\_

## **Applicant Essay Questions**

**(Completed by individual applying for ACCE)**

*(Answer in your own words. Assistance is allowed)*

**1. Why do you want to join the Academics, Career, Community, and Employment program at UA Little Rock?**

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**2. Describe your disability in your own words:**

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**3. Describe your learning style and any accommodations that help you succeed:**

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**4. List people who could assist in making your ACCE experience successful:**

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## **Postsecondary Goals**

List the desired postsecondary goals from your most recent transition planning meeting (IEP, ISP, IPE, etc.):

- Education:** \_\_\_\_\_
- Training:** \_\_\_\_\_

- **Employment:** \_\_\_\_\_
- **Independent Living:** \_\_\_\_\_

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## **Applicant Contract and Acknowledgement**

I, [REDACTED], understand that students in the *Academics, Career, Community and Employment program (ACCE)* at UA Little Rock must follow the following terms and conditions:

- I will apply for services through Arkansas Rehabilitation Services to possibly secure assistances with the cost of the program. If I am not approved or funding is not available, I agree to private pay any cost associated with the program (as described on page 4-5).
- I will apply for Adult Development Day Treatment (ADDT) services through Medicaid or my PASSE.
- I will complete two-semesters in the ACCE program.
- I will provide my transportation to and from the ACCE program and to off- campus internships, if applicable. Note: Enrollment in ADDT services may qualify a student to receive transportation services (at no additional cost to the student).
- I will follow my course schedule, attend, and actively participate in classes and complete course assignments to the best of my ability.
- I understand that I will be notified of any additional services that I may need to consider applying for such as Medicaid, SNAP, Independent Living Services, Social Security Disability, Waiver services, referrals for counseling and/or ABA therapy.
- I will complete and return the medical needs form to provide a safety plan and emergency contact information and depending medical needs, a letter or additional documentation may be required from my physician or others prior to the final decision of acceptance.
- I will pass a criminal background check for internships, if required, and for employment sites.
- I will actively participate in the internships secured on or off campus during my program.
- I will call my instructor and internship supervisor when I will be absent or late and will submit a physician's/agency's note for absences when requested.
- I will follow the guidelines of the ACCE program by demonstrating appropriate behavior (not disruptive, presenting potential harm to self or others).
- I understand that information about the other students is confidential.
- I understand that I am responsible for transportation to and from UA Little Rock and any internships.

- I will follow all the rules established by ACCE program at UA Little Rock.
- I will attend scheduled meetings with my program staff and understand that I can invite others to participate in the meetings.
- I will be an active participant and communicate any issues at our meetings.
- I will actively work with the ACCE staff in securing competitive employment after graduation and acknowledge that I have been informed that this is the goal of ACCE.

I have read the above and understand that this program is voluntary, and I must agree to these terms if I am accepted into Easterseals Arkansas *Academics, Career, Community and Employment program* at UA Little Rock. I understand that I may be asked to leave if I fail to follow the terms and conditions.

Individual's Signature

Date

Guardian Signature (if applicable)

Date

## **Easterseals Arkansas (ESA) SET, ACCE, HIRE Participant Release and Indemnification**

In consideration of the permission granted to \_\_\_\_\_ ("Participant") to participate in Easterseals Arkansas' SET, ACCE, or HIRE program, the Participant or his/her parent or legal guardian does hereby execute this release and indemnification on behalf of Participant and the Participant's guardian, heirs, successors, representatives and assigns, if any.

This release and indemnification is granted to ESA and also to ESA's third-party business partners in SET, ACCE and HIRE, including but not limited to "host" businesses, colleges and universities, and school districts who offer the students with a work-based learning experience or internship, collectively referred to in this document as "Program Partners."

Participant releases ESA and its Program Partners, and their employees, boards, officers, volunteers, and agents, from any and all liability, loss, damages, costs, claims, or causes of action of any kind, including but not limited to claims for personal injury and property damage, which Participant has or may incur by participating in the program activities, excluding liability arising solely through the negligence or willful misconduct of ESA and/or Program Partner. Participants understand that these programs carry new opportunities but also involve new environments and degrees of independence in the community that may carry heightened risks for individuals with disabilities.

Participant further agrees to defend, indemnify, and hold harmless ESA and its Program Partners, and their employees, boards, officers, volunteers, and agents, from any and all liability, loss, damages, costs, or claims of any kind arising out of in connection with any third-party claim, suit, action or proceeding relating to Participant's actions or omissions and not solely from ESA's and/or Program Partner's negligence or willful misconduct.

This indemnification and release is valid except to the extent that it would have the effect of reducing or eliminating any insurance coverage that otherwise would be available to pay damages suffered by ESA or Program Partner.

Name of Participant/Guardian Printed

Participant/Guardian Signature

Date

## Easterseals Arkansas ACCE Program Financial Agreement

This agreement is entered into by [REDACTED] (Responsible Party) on behalf of (student) [REDACTED] and Easterseals Arkansas.

The Responsible Party agrees to the following:

1. **Payment of Tuition:** The tuition for the school year 2026/2027 not paid by Arkansas Rehabilitation Services is \$8,000.00 and \$3,000 at time of job placement. The tuition can be paid in one annual installment, semi-annually or monthly, as agreed upon by the Responsible Party and Easterseals Arkansas. It is expressly agreed and understood that the Responsible Party shall be responsible for the entire tuition upon acceptance of the student into the ACCE Program. The total amount is due even if the student discharges from the Easterseals Arkansas ACCE program prior to the end of the school year. Tuition covers the academic school year.
  
2. **Payment of Fees:** Select one of the following payment options to indicate which payment plan you agree to.
  - a. [REDACTED] Plan 1: Tuition paid in full by September 1, 2026.
  - b. [REDACTED] Plan 2: Tuition paid semi-annually with payments due on September 1, 2026, and January 8, 2026.
  - c. [REDACTED] Plan 3: Tuition paid monthly with payments due 9/01/2026, 10/01/2026, 11/01/2026, 12/01/2026, 1/08/2027, 2/01/2027, 3/01/2027, 4/01/2027.
  
3. **Returned Payments:** In the event of a returned payment of any fees or tuition as they become due, Easterseals Arkansas will charge a \$25.00 NSF for all checks or drafts returned for insufficient funds.
  
4. **Recurring Bank Draft Authorization Form:** To pay tuition through automatic draft, complete the attached form and return with this signed agreement.

The Responsible Party has read this agreement and agree to abide by the terms of the agreement. The undersigned further agree and understands that this agreement is a binding agreement and shall inure to the benefit of the parties hereto.

Responsible Party Signature

Easterseals Arkansas Signature/Title

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Date

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Date

## Recurring Bank Draft

Company Name: Easterseals Arkansas

I (we) hereby authorize Easterseals Company", to initiate debit entries to my (our) banking account indicated below at the depository named below, hereinafter called "the Depository", to debit the same to such account.

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ *(Attach a voided check, if available)*

Account Type (check one):

Checking Account

Savings Account

Draft not to exceed: \$ \_\_\_\_\_

Effective Date: \_\_\_\_\_

All returned drafts are assessed a \$25.00 return fee. This fee is due upon notice and is due by cash or money order as stated on the notice.

This authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and the Depository a reasonable opportunity to act on it.

I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

If a balance remains once my student discharges from the Company, I authorize the Company to continue to draft the authorized monthly amount until the balance is paid in full.

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\*Accountholder Name:

\*ONLY necessary if Parent/Guardian is NOT the Accountholder

\*Accountholder Signature:

Signature Date: \_\_\_\_\_

Draft Date:

1<sup>st</sup> of month

15<sup>th</sup> of month



## Authorization Form

Company ID Number: 71-0123680

Arkansas, hereinafter called "the

hereinafter called "the Depository", to debit the same to such account.