



## Student Application / Center for Adult Transition

*The County College-Based Center for Adult Transition Grant is administered by and in partnership with The Office of the Secretary of Higher Education (OSHE)*

Application Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's age: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Applicant's County of Residence: \_\_\_\_\_

### TO BE COMPLETED BY THE APPLICANT-

Please check all of the following that best describe your interest in applying to The Center for Adult Transition:

- ☐ Applying to the Summer Transition Boot Camp
- ☐ To receive peer mentoring while enrolled in any of Bergen Community College's certification programs, Continuing Education classes, or college level coursework
- ☐ To improve life skills, self-advocacy skills, & social communication skills
- ☐ To gain employability skills and/or receive help with the job search process
- ☐ To receive help connecting to local and state-based resources
- ☐ To discover career interests and life goals
- ☐ Other (please describe): \_\_\_\_\_

**Mail or drop off application to:**  
**Bergen Community College**  
**Attention: Teresa Serio**  
**Pitkin Education Building, Room S-135**  
**400 Paramus Road**  
**Paramus, NJ 07652**

Only completed applications will be considered.

For more information about The Center for Adult Transition, visit our website <https://bergen.edu/center-for-adult-transition/> or contact Teresa Serio: **tserio@bergen.edu / 201-879-5540**

### **Center for Adult (CAT) Transition Program Mission**

The Center for Adult Transition is dedicated to providing individuals with Intellectual Disabilities (ID) and Developmental Disabilities (DD) and their families the resources, support and guidance to encourage the greatest level of independence possible. The

Center collaborates with and supports individuals with ID/DD, and their families to promote access to community-based services and resources in the areas of education, training, and employment and supports more successful transition to postsecondary education and adult employment.

### **Eligibility Criteria for Services, Programs, and Resources offered by CAT**

- The Center for Adult Transition serves adults with a documented intellectual or developmental disability, up to the age of 24.
- **If applying to any of the college-based programs, including the summer boot camp,** the applicant must have sufficient emotional and independent stability to participate in all aspects of the program coursework and campus environment, and must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others. The program does not have the personnel to supervise students with difficult and challenging behaviors or dispense medications. Students will be expected to independently navigate the campus and manage their free time wisely, and students are responsible for arranging their own transportation to and from the campus.

### **Application Procedure**

- Each applicant should complete the **Application Checklist** as independently as possible. If you need help, it is okay to ask someone for help if needed.
- The applications may be typed or handwritten.
- You may attach additional information and pages for writing space if needed.
- The completed application will be reviewed by the program coordinator and admission team to determine if the applicant meets the eligibility requirements. Applicants that are found eligible will be contacted by phone or email to schedule an interview with the Admission Team. Applicants will be notified of their admission status via email or phone.

## Application Checklist

**It is important that all application documents are submitted together at the same time in one envelope. Only completed applications will be reviewed.**

1. \_\_\_\_ Center for Adult Transition Student Application (All sections must be completed. Only completed applications will be reviewed)
2. \_\_\_\_ Current Photo of Applicant
3. \_\_\_\_ Student Questionnaire to be completed by the applicant
4. \_\_\_\_ Emergency Contact/Medical Information Form
5. \_\_\_\_ Release/Exchange of Information Form
6. \_\_\_\_ \*Evaluations- most recent evaluations reflecting current academic, social, and emotional needs conducted no more than three to five years.
7. \_\_\_\_ \*Academic Performance Documentation – most recent individualized education plan (IEP), official high school transcripts or any postsecondary records
8. \_\_\_\_ Two Letters of Recommendation are required for the Summer Boot Camp Program. Recommendation letters from family members and friends will **not** be accepted. Letter of recommendations must be submitted in a sealed envelope with a signature across the seal. **The letters may be included with the application or mailed directly to the Center for Adult Transition.** Please do not ask recommenders to email the letters. Emailed letters may not be accepted.

**\*Current BCC students served through the college's Office of Specialized Services (OSS) do not need to resubmit their IEP or evaluations with this application.**

**\*NOTE:** If you already submitted evaluations/ documentation to The Office of Specialized Services (OSS), please initial here to give permission for your documents to be reviewed by the Center for Adult Transition Team: \_\_\_\_

**Applicant's Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

# Center for Adult Transition Application

## STUDENT INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Home Phone</b>
<b>Home Address</b>			<b>Birth Date</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Cell Phone</b>
<b>STUDENT'S Email Address</b>			
<b>Guardianship: (Check that which applies)</b> <input type="checkbox"/> self <input type="checkbox"/> parent <input type="checkbox"/> other			<b>Name of Guardian (s) if applicable:</b>

## PARENT and GUARDIAN INFORMATION

Student lives with: ☐ both parents    ☐ Mother    ☐ Father    ☐ Guardian(s)

<b>Parent 1/Guardian: Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Home Phone</b>
<b>Address</b>			<b>Occupation/ Employer</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Work Phone</b>
<b>Parent 1- Email Address</b>			<b>Cell Phone</b>

<b>Parent 2/Guardian: Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Home Phone</b>
<b>Address</b>			<b>Occupation/ Employer</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Work Phone</b>
<b>Parent 2- Email Address</b>			<b>Cell Phone</b>

## **EMERGENCY CONTACT:**

### **IN CASE OF AN EMERGENCY, PLEASE CONTACT:**

NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact's Relationship to applicant:

\_\_\_\_\_

Emergency Contact's Address:

\_\_\_\_\_

Emergency Contact's Email Address:

\_\_\_\_\_

## **CURRENT STUDENT SUPPORT SERVICES**

**Student receives support from: (please check all that apply)**

\_\_\_\_ **Supplemental Security Income (SSI)**

\_\_\_\_ **Social Security Disability Insurance (SSDI)**

\_\_\_\_ **Division of Developmental Disabilities (DDD Self Directed Supports)**

\_\_\_\_ **Medical Assistance**

\_\_\_\_ **Division of Vocational Rehabilitation Services (DVRS)**

\_\_\_\_ **Special Education Services (IDEA funding)**

\_\_\_\_ **Other**

**Do you have a DDD Individualized Support Plan? \_\_\_\_\_**

- If yes, please list your Support Coordinator's name and phone number:

\_\_\_\_\_

**Do you have a Case Manager with the Division of Vocational Rehabilitation Services?**

- If yes, please list your Case Manager's name and phone number:

\_\_\_\_\_

## EDUCATION HISTORY

Schools Attended (Name, City, State)	Years attended	Reason for Leaving

**Did you receive a high school diploma or equivalent?** No \_\_\_\_ Yes \_\_\_\_

From (school) \_\_\_\_\_ Date \_\_\_\_\_

**Did you attend a Transition Program?** Yes \_\_\_\_ No \_\_\_\_

Check here if you are currently enrolled in a Transition Program \_\_\_\_

Transition Program Name: \_\_\_\_\_ Date \_\_\_\_\_

**Please describe your academic strengths:**

**Please describe your academic challenges:**

**What type of accommodations help you learn best? (e.g. small groups, extra time)**

**Have you participated in general education classes?**

Yes \_\_\_\_ No \_\_\_\_

If yes, list subjects

\_\_\_\_\_

**Have you had any accommodations for your general education classes?**

Yes No

If yes, what kind?

\_\_\_\_\_

## **PRIOR EMPLOYMENT and INTERNSHIP HISTORY**

**Please complete the following.**

Note: prior work experience is not a requirement for services

<b>Name of Business/Employer</b>	<b>Paid or Unpaid</b>	<b>Job Responsibilities</b>	<b>Dates Worked</b>	<b>Reason for Leaving</b>

## **CURRENT EMPLOYMENT, INTERNSHIPS, or VOLUNTEER WORK**

Are you currently working? Briefly describe the experience. Is this experience paid or unpaid?

What work experiences do you have an interest in or enjoy?

## **TRANSPORTATION**

If you were to attend programs or services offered by The Center for Adult Transition at Bergen Community College, how would you get to and from the campus?

## DISABILITY/MEDICAL HISTORY

Please give a brief description of your medical history including any disability diagnosis that you may have:

Please list any significant medical or physical conditions that may impact your participation in classroom, social, or recreational activities on campus:

Please list/discuss any social or emotional conditions that may need to be considered when planning a postsecondary experience.

List any known allergies:

Please list any current medications and their purpose:

Has the applicant ever used any assistive technology? If yes, please describe.

**Note:** If the applicant must take medications while on campus, they must be independent in administering such medications. Bergen Community College does not have the personnel or facility to administer medications for any student within any program. Occupational, Physical, Speech, and (consistent) Mental Health therapies are not included in the program.



## Release of Information

Bergen Community College treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Support Services as confidential. However, it may be necessary for our staff to exchange some information about you with the Bergen Community College faculty and staff in order to provide you with educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name \_\_\_\_\_ Date \_\_\_\_\_

**I give permission to exchange information about me to the following offices/individuals checked below:**

- \_\_\_\_\_ School District(s) \_\_\_\_\_
- \_\_\_\_\_ Division of Vocational Rehabilitation Services (DVRS)
- \_\_\_\_\_ Division of Developmental Disabilities (DDD)
- \_\_\_\_\_ Social Security Administration (SSA)
- \_\_\_\_\_ Admissions Office
- \_\_\_\_\_ Counseling Office
- \_\_\_\_\_ Office of Specialized Services at Bergen Community College
- \_\_\_\_\_ Course Instructors
- \_\_\_\_\_ Financial Aid Office
- \_\_\_\_\_ Parents/Guardians
- \_\_\_\_\_ Registrar's Office
- \_\_\_\_\_ Tutors and Academic Coaches
- \_\_\_\_\_ Rutgers University- Community Living Education Project
- \_\_\_\_\_ Other \_\_\_\_\_

**I hereby give permission for the Center for Adult Transition at Bergen Community College the right to use my photograph and/or quotes and videotapes of me for public relations and/or training purposes. \_\_\_\_\_Yes \_\_\_\_\_No**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

## STUDENT QUESTIONNAIRE

**This section is to be filled out by the potential student and additional pages may be included.** This is an excellent opportunity to show off your writing skills, your critical thinking skills, and your creativity!

**Future Goals:** Please list all of the following statements that describe your **future goals** and expectations after CAT participation:

1. Please list reasons you may have for applying to the Center for Adult Transition at Bergen Community College.
2. What skills are you hoping to improve or develop during your time at Bergen Community College?
3. What type of job/career would you like to have after graduation?
4. What do you enjoy doing in your free time? Any specific hobbies you enjoy?
5. Please list anything else you would like us to know about you, You may include/attach additional paper or documents if needed:

## County College-Based Center for Adult Transition Grant:

### Race and Ethnicity Data Collection Form

This information is being requested for confidential reporting purposes and will be shared with the Office of Secretary of Higher Education (OSHE), administer of the County College-Based Center for Adult Transition Grant.

#### **Race:**

**(Please check all that apply.)**

- American Indian or Alaska Native \_\_\_\_\_
- Asian \_\_\_\_\_
- Black or African American \_\_\_\_\_
- Native Hawaiian or Other Pacific  
Islander \_\_\_\_\_
- White \_\_\_\_\_
- Other \_\_\_\_\_

#### **Ethnicity:**

**(Please check the one that applies.)**

- Hispanic or Latino \_\_\_\_\_
- Not Hispanic or Latino \_\_\_\_\_

