



## 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:** \_\_\_\_\_

Check the programs or services you want to apply for:

- The Summer Transition Boot Camp for new Bergen Community College students
- Peer mentoring services
- Help connecting to Division of Vocational Rehabilitation Services (DVRS) or the Division of Developmental Disabilities (DDD)
- Other (please describe):

Mail or drop off application to:

Bergen Community College  
Attention: Teresa Serio  
Pitkin Education Building, Room S-135 or L-116  
400 Paramus Road  
Paramus, NJ 07652

Only completed applications will be considered.

Contact Teresa Serio: [tserio@bergen.edu](mailto:tserio@bergen.edu) / 201-879-5540

website <https://bergen.edu/center-for-adult-transition/>

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

The Center for Adult Transition is dedicated to providing individuals with Intellectual Disability (ID) and Developmental Disability (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.

## **Eligibility Criteria for CAT Grant Services, Programs, and Resources**

- The **Center for Adult Transition (CAT)** serves adults with a **documented intellectual or developmental disability up to age 24**.
- CAT's **enhanced college support services** are available to students **enrolled in at least one course at Bergen Community College**.
- Applicants must **provide documentation verifying disability eligibility**.

### **Important:**

- The **CAT eligibility process is separate from the accommodations process** through the **Office of Specialized Services (OSS)**.
- Students seeking academic accommodations must apply separately through the Office of Specialized Services (OSS). If you have already submitted documentation to OSS, it can be used to support your CAT eligibility, and you do not need to submit duplicate documentation to CAT.

## **Application Process**

1. Submit a **completed application** and required documentation.
2. The program will **review the application to determine eligibility for the CAT grant**.
3. Applicants will be **notified of their admission status by email or phone**.
4. If accepted, students must **meet with program staff to review available CAT services and program expectations** as the final step

**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>
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**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)**

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

\_\_\_ **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:

\_\_\_\_\_

## 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)
- \_\_\_\_\_ Parents/Guardians (only valid with Proxy)
- \_\_\_\_\_ Rutgers University- Community Living Education Project
- \_\_\_\_\_ Other \_\_\_\_\_

**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:

### TRANSPORTATION

6. 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?

**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 (administer of the County College-Based Center for Adult Transition Grant) upon their request.

**Race:**

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to answer

**Ethnicity:**

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

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

