



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)

**Eligibility Criteria for Center for Adult Transition Service.
Please check the criteria that applies to the applicant.**

- 1. Applicant is a Bergen County Resident
- 2. Applicant will be between the ages of 18-24 years old at the start of services
- 3. Applicant has a documented intellectual and/ or developmental disability

NOTE: Please proceed with this application **only if all three of the above criteria have been met.** If eligibility criteria is not met, you may reach out to our Center for Adult Transition for information about other transition programs and resources that may meet your needs.

TO BE COMPLETED BY THE STUDENT-

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

- Applying to the Summer 2023 Transition Boot Camp
- To receive academic or social support 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
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

- Applicants must be a Bergen County resident between the ages of 18-24 years old
- Applicants must have a documented intellectual or developmental disability
- **If applying to any of the college-based programs, including 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 navigate the campus and independently manage their free time.

Application Procedure

- Each applicant should complete the **Application Checklist** as independently as possible. It is acceptable to get 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 mail or phone.

Application Checklist

1. ___ Center for Adult Transition Student Application (All sections must be completed.)
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. ___ New Students: Two Letters of Recommendation are required for the Summer Boot Camp Program (forms attached)

Note: Current BCC students, referred by and served through the college's Office of Specialized Services (OSS) may not need to resubmit Evaluations. Current BCC students, please reach out to the Center for Adult Transition Coordinator to discuss your specific circumstances and documentation requirements.

Applicant's Signature: _____ **Date:** _____

Center for Adult Transition Application

STUDENT INFORMATION

Last Name	First Name	MI	Home Phone
Home Address			Birth Date
City	State	Zip Code	Cell Phone
E-Mail Address			
Guardianship: (Check that which applies) _____ self _____parent _____other			Name of Guardian (s) if applicable:

FAMILY INFORMATION

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

Mother/Guardian: Last Name	First Name	MI	Home Phone
Address			Occupation/ Employer
City	State	Zip Code	Work Phone
Email Address			Cell Phone
Father/Guardian: Last Name	First Name	MI	Home Phone
Address			Occupation/ Employer
City	State	Zip Code	Work Phone
Email Address			Cell Phone

EMERGENCY CONTACT:

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____ Phone Number: _____

Emergency Contact's Relationship to applicant:

Emergency Contact's Address:

CURRENT STUDENT SUPPORT SERVICES

Student receives support from: (please check those 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 _____

Please describe your academic strengths and 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 HISTORY

Please complete the following.

Note: prior work experience is not a requirement for admission into this program

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

CURRENT EMPLOYMENT, INTERNSHIPS, or VOLUNTEER WORK

Are you currently participating in a work experience? Is this experience paid or unpaid?

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

TRANSPORTATION

What type of transportation do you plan to utilize if you were to attend the Program?

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 utilized any assistive technology? If yes, what?

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
- ___ Best Buddies of New Jersey
- ___ 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 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:

**Center for Adult Transition: Summer Exploratory Boot Camp
Recommendation Form**

(Applicant name)

The above named individual has applied for admission to the Center for Adult Transition's Summer Transition Boot Camp at Bergen Community College. The program serves to provide young adults with intellectual and/or developmental disabilities an inclusive college campus experience that will further their understanding of personal strengths and postsecondary interests and options, while enhancing their awareness of the support and resources they may need for more successful transition to postsecondary education and adult employment. Please answer the following questions to the best of your ability. If you have any further questions please contact the Center for Adult Transition at 201-879-5540. **Please Note: Letters of Recommendation must be included in a sealed envelope with signature across the seal.**

Your Name: _____

Title: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Organization: _____

Email Address: _____

How long have you known the applicant, and in what capacity?

Do you feel the applicant will benefit from the Summer Transition Boot Camp?

Yes No Why or why not?

Does the applicant have any behaviors that may interfere with their ability to safely navigate the college campus, manage unsupervised time, and participate in the program? Yes No Comments:

Describe the strengths that the applicant has that will make him/her a strong applicant for the Summer Transition Boot Camp at Bergen Community College.

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