



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)

APPLICANT'S NAME:

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

- Applicant is an adult up to age 24
- Applicant has a diagnosed, documented intellectual and/ or developmental disability

Residency Information

Applicant's county of residence:
(out of county residents may apply)

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 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

- The Center for Adult Transition serves adults with a diagnosed, 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 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)

***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 check here _____

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
STUDENT'S Email Address			
Guardianship: (Check that which applies) <input type="checkbox"/> self <input type="checkbox"/> parent <input type="checkbox"/> other			Name of Guardian (s) if applicable:

PARENT and GUARDIAN INFORMATION

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

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

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

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

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

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), administrator 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 _____

**Center for Adult Transition:
Recommendation Form (to be completed by a non-family member)**

(Applicant name)

The applicant named above has applied for services at the Center for Adult Transition at Bergen Community College. The Center for Adult Transition provides young adults with intellectual and/or developmental disabilities an inclusive college campus experience and offers programming to support successful transition to postsecondary education and adult employment, as well as skills for greater independence. 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: _____

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Do you feel the applicant will benefit from college-based services offered by The Center for Adult Transition at Bergen Community College, *which may include mentoring, transition and life skills themed workshops, enhanced support to promote more successful transition to postsecondary education and adult employment?* ___Yes ___No
Why or why not?

4. Does the applicant have any behaviors that may interfere with their ability to safely and independently navigate the college campus, manage unsupervised time, and participate in workshops, internships, and/or classes offered by the Center for Adult Transition? ___Yes
___No **Comments or Specific Concerns:**

5. Describe the strengths that the applicant has that will make them a strong applicant for the college-based programs offered by The Center for Adult Transition at Bergen Community College.

**Center for Adult Transition:
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The applicant named above has applied for services at the Center for Adult Transition at Bergen Community College. The Center for Adult Transition provides young adults with intellectual and/or developmental disabilities an inclusive college campus experience and offers programming to support successful transition to postsecondary education and adult employment, as well as skills for greater independence. 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: _____

6. How long have you known the applicant?

7. What is your relationship to the applicant?

8. Do you feel the applicant will benefit from college-based services offered by The Center for Adult Transition at Bergen Community College, *which may include mentoring, transition and life skills themed workshops, enhanced support to promote more successful transition to postsecondary education and adult employment?* **Yes** **No**
Why or why not?

9. Does the applicant have any behaviors that may interfere with their ability to safely and independently navigate the college campus, manage unsupervised time, and participate in workshops, internships, and/or classes offered by the Center for Adult Transition? **Yes**
 No **Comments or Specific Concerns:**

10. Describe the strengths that the applicant has that will make them a strong applicant for the college-based programs offered by The Center for Adult Transition at Bergen Community College.

