Rowan College at GLOUCESTER COUNTY

ACT
Adult Center for Transition

1400 Tanyard Road
Sewell, NJ 08080
856-464-5203
RCGC.edu • act@rcgc.edu

Dear Prospective Applicant,

Thank you for your interest in the Adult Center for Transition (ACT) at Rowan College at Gloucester County. The mission of ACT is to offer young adults ages 18 and older the opportunity to become independent and contributing members of society. ACT offers courses to enhance academic, vocational and personal growth. . Students may have the opportunity to access certification and credit courses, participate in vocational internship experiences, as well as engage in campus clubs and activities.

To be considered for our program, the following documents must be **submitted on or before the deadline of March 15th:**

- **Completed application**
- **Documentation of disability; including most recent Individualized Education Plan (IEP) and most recent Psychological-Educational and/or Medical Evaluation.**
- **Authorization to Release Education Records Form**

Once the application information is reviewed by ACT staff, individuals may be called in for an interview and a classroom visit. **Decisions for admission will be made by May 15th.**

Applications can be submitted via email to: act@rcgc.edu or may be mailed to the following address:

Adult Center for Transition
IC 425B
1400 Tanyard Rd
Sewell, NJ 08080

Should you have any questions or need assistance completing this application, please contact the ACT program at 856-464-5203 or send an email to act@rcgc.edu.

Sincerely,

Adult Center for Transition Staff

APPLICATION

A. APPLICANT'S INFORMATION (*It is preferred student complete application, if appropriate)*

Last Name: _____ First Name: _____M.I._____

Address: _____, NJ _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: _____/_____/_____ Gender: ___Female ___Male

Are you your own guardian? __ YES __ NO __ NOT SURE

If No, please provide:

Guardian name: _____ Relationship: _____

How did you hear about the Adult Center for Transition? _____

B. FAMILY INFORMATION

Parent/Guardian Name: _____

_____

Address: _____

_____

Home Phone #: (____) _____

Cell Phone #: (____) _____

Email: _____

Parent/Guardian Name: _____

_____

Address: _____

_____

Home Phone #: (____) _____

Cell Phone #: (____) _____

Email: _____

Primary language(s) spoken in home: _____

Federal Reporting

The state and federal governments require the College to submit information on student characteristics. Your response to this section is voluntary, but will help RCGC implement its affirmative action policy. RCGC is an equal opportunity institution. This information does not affect admission or placement.

Race/ethnicity:

1 ☐ *Asian*

2 ☐ *White*

3 ☐ *Black or African American*

4 ☐ *Hispanic or Latino*

5 ☐ *Two or more Races*

6 ☐ *Native Hawaiian or other Pacific Islander*

7 ☐ *Non-resident alien*

8 ☐ *American Indian or Alaska Native*

C. EDUCATION HISTORY

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

Please check the statement that best describes your educational setting in high school:

___ Full-time included in general education curriculum and classes

___ Half-time in general education and half time in special education

___ Assigned only to special education classes

___ Other: _____

Did you receive a high school diploma? ___ YES ___ NO

Did you earn an additional certificate in high school? ___ YES ___ NO

If yes, please indicate the name(s) of certificate and issuing school below:

Name of certificate received: _____

Name of school: _____ Date: _____

Please check the type of state-wide testing taken while in high school:

___ Standardized assessment without accommodations

___ Standardized assessment with accommodations

___ Alternate assessment

___Exempt from testing

___ Not sure

D. DISABILITY/MEDICAL INFORMATION

To be accepted into the Adult Center for Transition, you must show proof that you have a disability and that you were eligible for special education services under IDEA (i.e., had an Individualized Education Program [IEP]).

Check the disability classification(s) that apply:

__Auditorily impaired
__Autistic
__Cognitively impaired
__Communication impaired
__Emotionally disturbed
__Multiply disabled
__Deaf/blindness
__Orthopedically impaired
__Other health impaired
__Social maladjustment
__Specific learning disability
__Traumatic brain injury
__Visually impaired
__None of these/Other (please specify):
_____

Do you have any significant medical and/or mental health concerns? If yes, provide details:

_____

_____

Did you have a behavioral plan in school? If yes, provide details:

_____

_____

E. SUPPORTIVE SERVICES

Please check any services you are currently receiving:

___ None
___SSI
___SSDI
___Medicaid
___Medicaid waivers
___Self-directed funds
___Other, please specify:
_____

Please check any of the services about which you would like further information:

___Medical ___Dental ___Medicaid ___Medicare ___Prescription

Rowan College at GLOUCESTER COUNTY
ACT Adult Center for Transition
1400 Tanyard Road
Sewell, NJ 08080
856-464-5203
RCGC.edu • act@rcgc.edu

Indicate the kinds of transportation you plan to utilize:

___Gloucester County Special Transportation ___Family/Friends

___NJ Transit Transportation ___Independent transportation

___NJ Transit Access Link ___Other _____

Have you ever been eligible for, or are you currently receiving services from, any of the following state agencies? (*Check all that apply)*

	Eligible and currently receiving services	Name of counselor/case manager, if known	Eligible, but not receiving services	Not eligible	Not sure
Division Vocational Rehabilitation (DVR)					
Division of Developmental Disabilities (DDD)					
Commission for the Blind and Visually Impaired (CBVI)					
Other:					

F. EMPLOYMENT

Do you have an Individualized Plan for Employment? ___ YES ___ NO

Do you have a goal to be employed? ___ YES ___ NO

___ Full time ___ Part time

If yes, what would be your ideal job? _____

<u>Parent/guardian please answer (if applicable):</u>

Will a paid position where your son/daughter earns money impact your life negatively?

___ YES ___ NO

If yes, do you prefer your child volunteer versus obtain paid employment? ___ YES ___ NO

Indicate the kinds of work experiences in which you have/had participated: (*check all that apply)*

___Vocational training ___ Internship program

___ Job shadowing ___ Paid employment

If you checked any of the above experiences, please complete chart below:

Dates	Business or organization	Hours *Number of hours a week/Number of weeks each year?*		Type *Circle or underline one*	Unpaid or Paid *Circle or underline one*	Responsibilities
		Hrs/Wk	Wks/Yr	Training/Intern/ Volunteer/ Employment	Unpaid/Paid	
		Hrs/Wk	Wks/Yr	Training/Intern/ Volunteer/ Employment	Unpaid/Paid	
		Hrs/Wk	Wks/Yr	Training/Intern/ Volunteer/ Employment	Unpaid/Paid	
		Hrs/Wk	Wks/Yr	Training/Intern/ Volunteer/ Employment	Unpaid/Paid	
		Hrs/Wk	Wks/Yr	Training/Intern/ Volunteer/ Employment	Unpaid/Paid	

G. HOUSEHOLD INFORMATION

Who lives with you (include pets)?

Name	Relationship to Applicant

Do you have any ownership interest in your home? ___ YES ___ NO

If residence is rented, is your name on the lease or rental agreement? ___ YES ___ NO

H. DAILY LIVING

For each self-management activity listed below, indicate whether you do it *independently, need some support*, or *need a lot of support.*

- If you mark something as "*Need some support" or "Need a lot of support", please indicate in the same box,* an example of the kind of support that allows you to participate successfully in the activity.

	Independently	Need some support (give example)	Need a lot of support (give example)
Make and follow a daily schedule			
Identify and ask for help when needed			
Cope with stressful situations			
Manage personal health/safety			

Chart continued on next page….

	Independently	Need some support (give example)	Need a lot of support (give example)
Manage personal grooming and hygiene			
Interact with new people			
Use a cell phone			
Transportation usage			

I. **FUTURE GOALS**

Please check all of the following statements that describe your future goals and expectations after participation in ACT:

___ Enhance socialization and life skills

___ Participate in college courses for credit

___ Obtain your Associates Degree

___ Gain skills for independent competitive employment

___ Gain skills for supportive competitive employment

___ Gain skills for sheltered workshop employment

___ Obtain certification in vocational careers (ie. Home Health Aide, Culinary Arts, Computer programming, etc.) Please specify:_____

J. ACKNOWLEDGMENT AND SIGNATURE

Name of person helping you complete this form (if applicable):

_____

Relationship to the applicant: _____

This person helped me by: (check all that apply)

___ Writing what I said ___Reading the application to me

___ Paraphrasing my words ___ Adding more to what I wrote

___ Other _____

I acknowledge that this application was completed truthfully and all questions were answered to the best of my ability.

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian (if applicable): _____ Date: _____