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: ___________ Parent/Guardian Name: ___________

________________________________________________________________________

Address: ___________________________ Address: ___________________________

________________________________________________________________________

Home Phone #: (____) ___________________ Home Phone #: (____) __________

Cell Phone #: (____) ___________ Cell Phone #: (____) __________

Email: ___________________________ 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 5 ☐ Two or more Races
2 ☐ White 6 ☐ Native Hawaiian or other Pacific Islander
3 ☐ Black or African American 7 ☐ Non-resident alien
4 ☐ Hispanic or Latino 8 ☐ American Indian or Alaska Native
C. EDUCATION HISTORY

<table>
<thead>
<tr>
<th>Schools Attended (Name, City, State)</th>
<th>Years Attended</th>
<th>Reason for Leaving</th>
</tr>
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<tbody>
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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:

__Auditory impaired  __Orthopedically impaired
__Autistic  __Other health impaired
__Cognitively impaired  __Social maladjustment
__Communication impaired  __Specific learning disability
__Emotionally disturbed  __Traumatic brain injury
__Multiply disabled  __Visually impaired
__Deaf/blindness  __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  __Medicaid  __Other, please specify:  __Medicaid
__SSI  __Medicaid waivers  ____________________________
__SSDI  __Self-directed funds

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

__Medical  __Dental  __Medicaid  __Medicare  __Prescription

ACT Application_4
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)

<table>
<thead>
<tr>
<th>Division Vocational Rehabilitation (DVR)</th>
<th>Eligible and currently receiving services</th>
<th>Name of counselor/case manager, if known</th>
<th>Eligible, but not receiving services</th>
<th>Not eligible</th>
<th>Not sure</th>
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<tbody>
<tr>
<td>Division of Developmental Disabilities (DDD)</td>
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<td>Commission for the Blind and Visually Impaired (CBVI)</td>
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<td>Other:</td>
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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? ____________________________________________
Parent/guardian please answer (if applicable):
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:

<table>
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<tr>
<th>Dates</th>
<th>Business or organization</th>
<th>Hrs/Wk</th>
<th>Wks/Yr</th>
<th>Type Circle or underline one</th>
<th>Unpaid or Paid Circle or underline one</th>
<th>Responsibilities</th>
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<td>Training/Intern/Volunteer/</td>
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<td>Employment</td>
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G. HOUSEHOLD INFORMATION

Who lives with you (include pets)?

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<tr>
<th>Name</th>
<th>Relationship to Applicant</th>
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</table>

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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Independently</th>
<th>Need some support (give example)</th>
<th>Need a lot of support (give example)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make and follow a daily schedule</td>
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<tr>
<td>Identify and ask for help when needed</td>
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<td>Cope with stressful situations</td>
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<td>Manage personal health/safety</td>
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*Chart continued on next page....*
## 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: ________