Congratulations on your decision to apply to CareerNext or CareerNext CHOICE. CareerNext is a support service that provides in-person services to students enrolled at Hudson Valley Community College, SUNY Cobleskill and SUNY Schenectady Community College, and run by Living Resources. CareerNext CHOICE offers the same support services, at a distance, to students enrolled at other U.S. colleges and universities. Through CareerNext or CareerNext CHOICE, academically-able young adults receive the personalized assistance they need to succeed and obtain a credited career certificate, associate or bachelor’s degree.

Below is a checklist that you can use as your guide as you complete each step in the application process. We look forward to hearing from you!

**APPLICANT DIRECTIONS**

1. **Complete the application. *(Not to be completed by parents.)***
   
   There are three ways to submit your application. **Print and complete** this application and then either:
   - Fax to (518) 862-2175
   - Mail to address below
   - **Scan and email** to Kristin McInerney (**kmcinerney@livingresources.org**)  

2. **Please submit the following documents with your application:**
   - High School Transcript
   - Individualized Education Plan (IEP) or 504
   - Most Recent Psych Evaluation
   - Parent Form

   If mailing documents, please send to:

   **CareerNext**
   Attn: Kristin McInerney
   Living Resources Corporation
   300 Washington Avenue Extension
   Albany, NY 12203

**OUR GOALS FOR GRADUATES**

- To obtain a credited certificate, associate degree or bachelor’s degree
- To financially support themselves by working a part- to full-time job after completion of their degree

**MINIMUM REQUIREMENTS FOR ADMISSION**

1. Commitment to live independently with minimal support.
   - Ability to be at home without supervision
   - Some experience of being independent in the community

2. Ability to independently complete all daily living tasks.
   - Examples: Waking up, hygiene, medications, dressing, chores, etc...

3. Motivated to learn and participate in discussions and conversations with instructors and students.

4. Motivated to independently complete in-class assignments and homework, and ability to independently follow a schedule.

5. Ability to get along with others, follow code of conduct of the college and respective facilities

6. Ability to attend college courses without supervision.

Students with Autism or documented learning differences who are looking to obtain an accredited certificate or degree are welcome to apply. Students must obtain admission to both CareerNext and the college. All students will be held to the academic standards and requirements of the college in order to maintain eligibility throughout the duration of the program.
APPLICANT DIRECTIONS

Last Name ____________________________________________
Birthday ____________________________________________
Phone Number ________________________________________
Social Security Number _________________________________
Home Address _________________________________________
State/Province _________________________________________
Are you enrolled in the NY START Program?  ☐ Yes  ☐ No

PARENT / GUARDIAN INFORMATION

Parent / Guardian Type  ☐ Father  ☐ Mother  ☐ Guardian
Parent / Guardian Type  ☐ Father  ☐ Mother  ☐ Guardian

PARENT / GUARDIAN INFORMATION

Parent / Guardian Type  ☐ Father  ☐ Mother  ☐ Guardian
I will be applying to the College as a:  
☐ New Freshmen Student  ☐ Transfer Student  ☐ Other

Expected Semester & Year of Enrollment  
☐ Fall  ☐ Spring  ☐ Summer  ☐ Year _______

Complete the sections below for all locations you have applied to

**SUNY Cobleskill**

Selected Major __________________________  ☐ Associates Degree  ☐ Bachelor’s Degree

Minor __________________________  Certificate __________________________

Have you received admission from the College?  ☐ Yes  ☐ No

If you are currently enrolled with the College, when did you begin courses? __________________________

Are you looking to live on campus or commute?  ☐ On Campus  ☐ Commute

If you are interested in living on campus, do you want to learn more and or apply for a housing accommodation?  ☐ Yes  ☐ No

Are you looking to attend the College with a service animal?  ☐ Yes  ☐ No

**SUNY Schenectady**

Selected Major __________________________  ☐ Certificate  ☐ AS  ☐ AAS

Have you received admission from the College?  ☐ Yes  ☐ No

If you are currently enrolled with the College, when did you begin courses? __________________________

**Hudson Valley Community College**

Selected Major __________________________  ☐ Certificate  ☐ AA  ☐ AS  ☐ AAS  ☐ AOS

Have you received admission from the College?  ☐ Yes  ☐ No

If you are currently enrolled with the College, when did you begin courses? __________________________

**Other Accredited U.S. College or University (in association with CareerNext CHOICE)**

College or University __________________________

Selected Major __________________________  ☐ Certificate  ☐ AA  ☐ AS  ☐ AAS  ☐ AOS  ☐ BA

Have you received admission from the College?  ☐ Yes  ☐ No

If you are currently enrolled with the College, when did you begin courses? __________________________
MEDICAL INFORMATION

Do you take medications?  □ Yes  □ No

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Do you take these independently?  □ Yes  □ No

If no, please explain your medication management plan if selecting on-campus housing:
__________________________________________________________________________________________
__________________________________________________________________________________________

Do you have a history of seizures?  □ Yes  □ No

If yes, please explain:
__________________________________________________________________________________________
__________________________________________________________________________________________

Do you currently have counseling services?  □ Yes  □ No

If yes, frequency:
__________________________________________________________________________________________
__________________________________________________________________________________________

LIFE AT SCHOOL

Name of High School ___________________________  City and State ___________________________  Year of Graduation ___________________________

Type of Diploma Received / Anticipated

Did you or do you have a behavior support plan?  □ Yes  □ No  
*If yes, please attach

What type of services did you receive in high school?
*Select all that apply

□ Self-Contained Classes □ Resource Room □ Consultant Teacher
□ Counseling □ Inclusion Classes □ Speech
□ Adaptive Physical Education (PE) □ Occupational Therapy (OT) □ Physical Therapy (PT)
□ Other ___________________________
LIFE AT SCHOOL (CONTINUED)

Did you take the SAT / ACT? □ Yes □ No

If yes, what were your scores?
SAT _____ ACT _____

What was your favorite subject?
__________________________________________________________

What was your least favorite subject?
__________________________________________________________

What supports have you received in the past which you found beneficial?
__________________________________________________________

What areas will you need extra help in?
__________________________________________________________

What activities were you involved with in and out of school?
__________________________________________________________

If you have attended any school, college or program after high school, please fill out information below

Name of High School __________________________ City and State __________________________ From – To Dates __________________________

If attended college, please answer the following:

Major __________________________ # of Credits Received __________________________

Reason for leaving __________________________

Did you dorm there? □ Yes □ No

If yes, any issues or concerns?
__________________________________________________________

*If you have credits from another institution, please have an official transcript sent to the college admissions office and to Kristin McInerney.
PERSONAL INFORMATION

Formal Diagnosis: __________________________________________________________

What are your strengths? ____________________________________________________

________________________________________________________________________

What areas do you struggle with? _____________________________________________

________________________________________________________________________

Any history of, or current legal difficulties?  □ Yes  □ No  If yes, please explain: __________________________________________________________

________________________________________________________________________

Have you ever been convicted of a misdemeanor or felony?  □ Yes  □ No

If yes, please explain and provide dates: __________________________________________

________________________________________________________________________

Any history of, or current difficulties with violence to self, others, or property?  □ Yes  □ No

If yes, please explain and provide dates: __________________________________________

________________________________________________________________________

Are you your own legal guardian?  □ Yes  □ No  If no, who is your legal guardian? ______________________________________________

________________________________________________________________________

Have you ever run away before?  □ Yes  □ No  If yes, please explain: __________________________________________________________

________________________________________________________________________

Have you ever been hospitalized for psychological reasons?  □ Yes  □ No

If yes, please provide dates and reason for hospitalization: ________________________________

________________________________________________________________________

REFERRAL INFORMATION

Last Name ___________________________  First Name ___________________________

Phone Number ___________________________  Relationship to You ___________________________

By signing below, I certify all information is true and correct to the best of my knowledge. Omission to information or false reporting could lead to dismissal after admission.

Applicant Signature ___________________________  Date ___________________________