

Admission Application

CareerNext at HVCC, SUNY Cobleskill, and CareerNext CHOICE



Page 1 of 6

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 is 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 Peter Russo III (PeterRusso@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: Peter Russo III

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.

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APPLICANT DIRECTIONS

Last Name

First Name

Middle Name

Birthday

Male Female

Phone Number

Email Address

Social Security Number

Country of Birth

Home Address

City

State/Province

Zip

County

Are you enrolled in the NY START Program? Yes No

PARENT / GUARDIAN INFORMATION

Parent / Guardian Type Father Mother Guardian

Last Name

First Name

Middle Name

Phone Number

Email Address

Occupation

Parent / Guardian Type Father Mother Guardian

Last Name

First Name

Middle Name

Phone Number

Email Address

Occupation

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COLLEGE ENROLLMENT

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? _____

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MEDICAL INFORMATION

Do you take medications? Yes No

Drug	Dosage	Time of Dispense	Comments

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Self-Contained Classes | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Consultant Teacher |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Inclusion Classes | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Adaptive Physical Education (PE) | <input type="checkbox"/> Occupational Therapy (OT) | <input type="checkbox"/> Physical Therapy (PT) |
| <input type="checkbox"/> Other _____ | | |

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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 every 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