



Congratulations on your decision to apply to CareerNext! CareerNext is a program hosted on the SUNY Schenectady Community College campus run by Living Resources. Through CareerNext, academically-able young adults will receive the support they need to succeed and obtain a credited career certificate or Associates Degree from SUNY Schenectady. They will take SUNY Schenectady credited courses, live in dorms and become part of a thriving and mutually-supportive community of peers.

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 then either **fax** (518-862-2175), **mail** or **scan & email** to Colleen Dergosits (cdergosits@livingresources.org).
2. Please submit the following documents with your application:
 - 2 Copies of Official, Sealed High School Transcript
 - Individualized Education Plan (IEP) or 504
 - SUNY Schenectady Paper Application

If mailing documents, please send to:

CareerNext

Attn: Colleen Dergosits
Living Resources Corporation
300 Washington Avenue Extension
Albany, NY 12203

OUR GOAL FOR GRADUATES

- Obtain a credited certificate or Associates Degree from SUNY Schenectady.
- To live with minimal support in their own apartment.
- To financially support themselves by working a part- to full-time job after completion of their degree.
- To plan and engage in recreational activities with friends.

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. Motivated to integrate by participating in a variety of social and educational activities sponsored by SUNY Schenectady.
3. Ability to independently complete all daily living tasks.
 - Examples: Waking up, hygiene, dressing, chores, etc...
4. Motivated to learn and participate in discussions and conversations with instructors and students.
5. Motivated to independently complete in-class assignments and homework, and ability to independently follow a schedule.
6. Ability to get along with others, follow house and school rules, accept supervision.
7. 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 SUNY Schenectady. 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 INFORMATION

Expected Semester & Year of Enrollment: Fall Spring Summer Year: _____

Last Name First Name Middle Initial

Male Female

Birthday

Phone Number Email Address

Social Security Number Country of Birth

Home Address City

State/Province Zip County

Have you applied prior to SUNY Schenectady and received admission? Yes No

If yes, date of acceptance: _____

Program of Study interested in: _____ Certificate Associates Transfer Degree Program

Are you enrolled in the NY START Program? Yes No

PARENT/GUARDIAN INFORMATION

Parent/Guardian Type Father Mother Guardian

Last Name First Name Middle Initial

Phone Number Email Address Occupation

Parent/Guardian Type Father Mother Guardian

Last Name First Name Middle Initial

Phone Number Email Address Occupation



LIFE AT HOME

Do you stay home alone? Yes No

Do you go out alone? Yes No

Have you ever lived away from home? Yes No

If yes, when and where? _____

MEDICAL INFORMATION

Do you take medications? Yes No

Do you take these independently? Yes No

Drug	Dosage	Time of Dispense	Comments

Do you have a history of seizures? Yes No

If yes, please explain: _____

Do you have any allergies? 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 so, please attach.



LIFE AT SCHOOL (CONTINUED)

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: _____ | | |

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 areas are you interested in learning more about? _____

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 School/Program	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 SUNY Schenectady Admissions and Colleen Dergosits.*



PERSONAL INFORMATION

Disability Classification: _____

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: _____

Any history of, or current substance abuse? Yes No If yes, please describe: _____

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

Who told you about CareerNext?

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 _____