

Admission Application

Waiver



Congratulations on your decision to apply to The College Experience! The College Experience is a two-year residential, non-credit certificate program hosted by The College of Saint Rose in partnership with Living Resources. Through the College Experience, students with intellectual disabilities can practice living independently, make friends, intern at area businesses and become part of a diverse campus community.

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 or service coordinators.)**
To submit your application, **print** and then either **fax** (518-862-2175), **mail** or **scan & email** to Kristin McInerney (kmcinerney@livingresources.org).
2. Please fill out and submit a **Medicaid Waiver** (at the end of this application).
3. Submit an independently written, **one-page typed essay** stating why you would like to be part of The College Experience.
4. Ask your high school to send the following documents:
 - High School Transcript
 - Individualized Education Plan (IEP)
 - Psychological Evaluation (Most Recent)
5. Have two individuals that are familiar with your abilities complete the **Recommendation Form**. These individuals could be teachers, job coaches, job supervisors, day habilitation specialists.
6. Have your parent/guardian complete the **Assessment of Daily Living Skills Form**.

If mailing documents, please send to:

The College Experience Program
Attn: Kristin McInerney
Living Resources Corporation
300 Washington Avenue Extension
Albany, NY 12203

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ADMISSIONS PROCESS

1. Application paperwork is reviewed by CEP admissions team.
 - Applicants are approved, deferred or denied
2. Approved applicants are asked to come for an overnight visit.
 - Visits are successful or unsuccessful
3. Applicants that complete a successful overnight visit are asked to interview with the CEP admissions team.
4. Approved applicants are asked to attend a final interview with The College of Saint Rose.
5. Applicants receive an Acceptance or Denial Letter.

OUR GOAL FOR GRADUATES

- To live with minimal support in their own apartment.
- To financially support themselves by working a part- to full-time job.
- To plan and engage in recreational activities with friends.

MINIMUM REQUIREMENTS FOR ADMISSION

Enrollment in OPWDD Medicaid Waiver and Social Security Income is required.

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 The College of Saint Rose and organized by the CEP Community Coordinator.
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.
6. Ability to get along with others, follow house and school rules, accept supervision.
7. Ability to use a calculator to do basic math.
8. Ability to read at a minimum of a third grade level.
9. Ability to type a document on Microsoft Word, experience using search engines (i.e. Google), experience using email.

Admission to The College Experience Program is **competitive**.

Candidates for admissions will be asked to participate in an interview and may be required to provide “on-demand” writing and reading samples. Acceptance into the program requires the recommendation for acceptance by Living Resources to The College of Saint Rose. Final acceptance into the program is determined by The College of Saint Rose.

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APPLICANT INFORMATION

Expected Year of Enrollment
(All students start in the fall)

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

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

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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? _____

What do you use to make food at home? (Select all that apply and provide examples next to each.)

Oven _____ Stove _____

Microwave _____ None - only sandwiches and snacks

What is your favorite food to prepare? _____

What chores do you complete at home? (Select all that apply.)

Take Out Trash Dishes Vacuum

Clean Up Bedroom Dust Laundry

Other _____

MEDICAL INFORMATION

Do you take medication? Yes No Do you take these independently? Yes No

Drug	Dosage	Time of Dispense	Comments

Do you self-manage medication? Yes No

If no, please describe daily support given: _____

List all allergies / reactions (food, environmental, medications): *Please note if you require an EpiPen for any of these allergies.*

Do you have a history of a seizure disorder? Yes No If yes, please attach seizure protocol.
Please note, we cannot administer Diastat.

Do you currently receive private counseling? Yes No If yes, what is the frequency? _____

Any additional medical needs that were not inquired about that would be important to share?

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LIFE AT SCHOOL

Name of High School	City and State	Year of Graduation	Diploma Received
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Did you have a behavior support plan?
If yes, please attach.

Yes	No
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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 _____		

What was your favorite subject? _____

What was your least favorite subject? _____

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 or program after high school, please fill out information below.

Name of School/Program	City and State	From-To Dates
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JOB / VOLUNTEER EXPERIENCE

If you wish, you may attach a resume separately.

Job Title	Company	Paid	Volunteer
From - To Dates	How did you get there?		

Job Title	Company	Paid	Volunteer
From - To Dates	How did you get there?		

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From - To Dates	How did you get there?		

Medicaid Waiver



Please fill out the information below. Then **print** and either **fax** (518-862-2175), **mail** or **scan & email** to Kristin McInerney (kmcinerney@livingresources.org).

Please remember to include:

- Notice of Decision Letter to show that you are Medicaid Waiver enrolled
- Letter of Determination of Eligibility for OPWDD Services
- Individualized Service Plan (ISP)
- SSI Benefit Letter
- DDP2

APPLICANT INFORMATION

_____	_____	
Last Name	First Name	
_____	_____	
Medicaid Number	TABS ID Number	
Do you receive Supplemental Security Income (SSI)?	Yes	No

CARE COORDINATOR INFORMATION

_____	_____	
Last Name	First Name	
_____	_____	_____
Agency	Phone Number	Email

ADDITIONAL AGENCY INFORMATION (IF APPLICABLE)

_____	_____
Last Name	First Name
_____	_____
Agency	Phone Number

_____	_____
Applicant Signature	Date

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