



Application/Registration for Think Ahead

Mail, email, deliver or fax form to:

Dutchess Community College
c/o Office of Accommodative Services
53 Pendell Road, Poughkeepsie, NY 12601-1595
845-431-8058
bertoloz@sunydutchess.edu

Fall 2020/Spring 2021 academic year

Please print legibly– Use Full Legal Name

Social Security Number: _____

Birthdate: _____ - _____ - _____
Month Day Year

Last Name _____ First Name _____ M.I. _____

PERMANENT LEGAL ADDRESS*

Street _____ Apt. # _____

City/Town _____ State _____ Zip _____

County _____ Mailing address if different: _____

Phone: (Home) _____ (Cell) _____

Email _____

Care Coordinator Name _____ Contact information (email & Phone) _____

- **Please note that all students in this program must be OPWDD eligible with the HCBS Medicaid waiver. Additional required supporting documentation for applying to the Think Ahead program are listed on reverse side of this form.**
 - Will you have HCBS waiver by program enrollment? Yes ___ No ___
 - Are you currently enrolled in Self-Direction program? Yes ___ No ___ Application pending: _____
 - Has the candidate has achieved a minimum of one hour of unsupervised time? Yes ___ No ___
 - Can the candidate be supervised on a 1:4 staff to student ratio? Yes ___ No ___
 - If Not, is the student able to perform the essential tasks related to be a student in a college setting with reasonable accommodations? Yes ___ No ___
- Must be Dutchess County Resident,
- Space is limited, selection based upon evaluation committee review of candidates' application and interview,
- Must be able to express a rudimentary employment/vocational goal or interest,
- Must be at least 18 years of age

If you anticipate a need for disability related accommodations to attend or participate, please contact the Office of Accommodative Services, contact information listed above.

Application Deadline: July 3, 2020– submit to spierson@dutchessny.gov.

Student interview and selection: July 6- July 21, 2020

Think Ahead Orientation: Tuesday, August 25, 2020

Classes Begin: Classes begin August 31, 2020

Please review the required documentation list and signed consent to release information on reverse side of this application. Applications will not be reviewed or considered for the Think Ahead Program if the required information is not provided at time of application.

Required Documentation for Think Ahead Program
Checklist & Consent

Two letters of recommendation

_____ An HCBS provider - i.e. agency service provider

_____ An employer, volunteer supervisor, job coach or teacher (specific to work ethic)

Submit a current

_____ *Life Plan (and/or IEP) with the most recent*

_____ *With the applicable vocational evaluation: i.e.*

_____ *school to work program*

_____ *pre-vocational assessment*

_____ *Copy of the OPWDD Notice of Determination (NOD)*

Consent to Release Information

I _____ (self/guardian) give permission to the Dutchess Community College Think Ahead Committee to contact the provided references, individual(s) who completed the assessments, school special education teacher and Care Coordinator (Life Plan author) to provide information to the Think Ahead Committee. The purpose of the release of information is for Think Ahead Committee to explore any questions that will help the facilitate the Think Ahead Committee in its review for acceptance into the Think Ahead Program. The Think Ahead Committee will notify you/guardian if this outreach of additional information and reference checking is done.

Student Applicant

Date

Guardian

Date