

**Onondaga Community Living's
Application
Collaborative Campus Service**

518 James Street, Suite 110
Syracuse, New York 13203

315-434-9597

315-434-9367 (fax)

www.oclinc.org

patfrat@oclinc.org

Name: _____ DOB: _____

Address: _____ Medicaid # _____

TABS # _____

Phone: _____

Legal Guardian: No ___ Yes ___ Name: _____

Address: _____

Phone: _____

Service Coordinator: Name: _____

Agency: _____

Address: _____

Phone: _____

Health Related:

Medications: _____

Self Medicating ___ Yes ___ No

Will you take medications while on campus? What support do you need? _____

Allergies: _____

What support do you need for allergic reactions: _____

Seizure Disorder: ___ Yes ___ No
Frequency of seizures: _____
What support do you need should a seizure occur? _____

Emergency Medical Contact: Name _____
Phone: _____
Relationship: _____
When should this person be contacted? _____

Educational History:

School	Dates Attended	Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IEP Diploma: ___ No ___ Yes Date: _____
GED Diploma: ___ No ___ Yes Date: _____

College Experience: ___ None

College	Dates Attended	Course of Studies
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Living Arrangement: (type of residence, type of support, agency/family involvement) _____

Gender preference for support: ___ Male ___ Female ___ No preference

Ambulation ability: ___ ___ ___ ___ ___

Comments: _____

Reading ability: ___ ___ ___ ___ ___

Comments: _____

Writing ability: ___ ___ ___ ___ ___

Comments: _____

Typing ability: ___ ___ ___ ___ ___

Comments: _____

Problem solving ability: ___ ___ ___ ___ ___

Comments: _____

Note taking ability: ___ ___ ___ ___ ___

Comments: _____

Study/homework skills: ___ ___ ___ ___ ___

Comments: _____

Ability to follow a schedule: ___ ___ ___ ___ ___

Comments: _____

Ability to be attentive in a classroom: _____

Comments: _____

Ability to dine/purchase meals: _____

Comments: _____

Ability to navigate around the campus: _____

Comments: _____

Ability to use public Transportation: _____

Comments: _____

Services needed: (check all that apply)

- _____ Attending classes
- _____ Taking notes
- _____ Understanding lectures
- _____ Reading assignments
- _____ Communicating with professor or classmates
- _____ Writing/typing assignments
- _____ Working on computer
- _____ Travel to and from college
- _____ Travel around campus
- _____ Personal care
- _____ Dining
- _____ Other, please list:

Why do you wish to take college level classes?

Completed by: _____

Date: _____

Applicants Signature: _____

Date: _____