

CALIFORNIA COMMUNITY COLLEGES DISABLED STUDENTS PROGRAMS & SERVICES

#5 CONSENT FOR RELEASE OF INFORMATION

STUDENT: _____ (Last,) (First,) (MI)
DATE OF BIRTH: _____ (mm / dd / yyyy)
SOCIAL SECURITY NUMBER: _____
MAIDEN NAME OR OTHER NAME USED: _____

I, the undersigned, consent to and request from, all appropriate persons and/or agencies or institutions, the release of information regarding myself to **TAFT COLLEGE** for use in educational/career planning. All information will be kept confidential and maintained as part of my records with DSP&S at Taft College. I authorize the release of information to include one or more of the following records:

- ✓ Verification of disability
- ✓ Psychological testing and evaluation results
- ✓ Learning disability assessment
- ✓ Audiology and speech/language pathology reports
- ✓ Vocational rehabilitation plan
- ✓ History of behavioral issues
- ✓ Prescribed medications and dosage
- ✓ Educational records, including progress made
- ✓ Updated and accurate CDER (Regional Centers)
- ✓ Other: _____

I further give permission for the DSPS certified professional to discuss my educational situation with other professionals who have a legitimate educational need to know.

This authorization shall remain in effect until revoked in writing by the student.

Student signature Date

Parent/guardian signature (if student is under 18 or conserved) Date

A PHOTOCOPY OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL.

Taft College
Transition to Independent Living Program
#6 APPLICANT INFORMATION SHEET

Please make sure to provide all of the information that is requested.
Incomplete applications **will not** be processed – (60 day limit).

APPLICANT NAME: _____
ADDRESS: _____
CITY: _____, CA. **ZIP CODE:** _____
E-MAIL ADDRESS: _____
PHONE: (_____) _____ **S.S. #:** _____

ARE YOU CONSERVED? **YES** **NO** **IN PROCESS**
IF YOU ARE CONSERVED, COPIES OF YOUR COURT PAPERS MUST BE SUBMITTED WITH YOUR APPLICATION.

PARENT/GUARDIAN'S NAME(S): _____
ADDRESS: _____
CITY: _____, CA. **ZIP CODE:** _____
E-MAIL ADDRESS: _____
PHONE: (_____) _____

PARENT/GUARDIAN'S NAME(S): _____
ADDRESS: _____
CITY: _____, CA. **ZIP CODE:** _____
E-MAIL ADDRESS: _____
PHONE: (_____) _____

PARENT/GUARDIAN'S NAME(S): _____
ADDRESS: _____
CITY: _____, CA. **ZIP CODE:** _____
E-MAIL ADDRESS: _____
PHONE: (_____) _____

PARENT/GUARDIAN'S NAME(S): _____
ADDRESS: _____
CITY: _____, CA. **ZIP CODE:** _____
E-MAIL ADDRESS: _____
PHONE: (_____) _____

APPLICANT 'S GENDER: **MALE** **FEMALE**
DATE OF BIRTH: _____ **AGE:** _____
DATE APPLICANT WILL TURN 18: _____

DO YOU RECEIVE SSI? YES NO IN PROCESS WILL APPLY WHEN 18

IF YES, WHO IS YOUR PAYEE? _____

ARE YOU A CALIFORNIA REGIONAL CENTER CLIENT? YES NO IN PROCESS

NAME OF YOUR REGIONAL CENTER: _____

NAME OF YOUR SERVICE COORDINATOR: _____

ADDRESS: _____

CITY: _____, CA. ZIP CODE: _____

E-MAIL ADDRESS: _____

PHONE: () _____ FAX: _____

ARE YOU A CLIENT OF DEPARTMENT OF REHABILITATION? YES NO IN PROCESS

NAME OF YOUR COUNSELOR: _____

ADDRESS: _____

CITY: _____, CA. ZIP CODE: _____

E-MAIL ADDRESS: _____

PHONE: () _____ FAX: _____

NAME OF HIGH SCHOOL, TRANSITION PROGRAM, AND RESOURCE CENTER YOU ARE, OR HAVE ATTENDED:

ADDRESS: _____

CITY: _____, CA. ZIP CODE: _____

E-MAIL ADDRESS: _____

PHONE: () _____ FAX: _____

HIGH SCHOOL GRADUATION OR COMPLETION DATE: _____

DID YOU/WILL YOU RECEIVE A: DIPLOMA? CERTIFICATE OF COMPLETION?

IF NOT A HIGH SCHOOL GRADUATE, NAME AND COMPLETION DATE OF TRANSITION PROGRAM:

_____ (Name) _____ (Date)

ADDRESS: _____

CITY: _____, CA. ZIP CODE: _____

E-MAIL ADDRESS: _____

PHONE: () _____ FAX: _____

NAME OF COMMUNITY COLLEGE OR PROGRAM YOU ATTEND:

ADDRESS: _____

CITY: _____, CA. ZIP CODE: _____

E-MAIL ADDRESS: _____

PHONE: (_____) _____ FAX: _____

DO YOU TAKE MEDICATION? YES NO

IF YES, WHAT DO YOU TAKE AND WHY?

HAVE YOU EVER BEEN TREATED FOR EMOTIONAL PROBLEMS? IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER TAKEN MEDICATION FOR EMOTIONAL PROBLEMS? YES NO

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY PROBLEMS WITH INCONTINENCE? _____

DO YOU REQUIRE ATTENDANT CARE? _____

HAVE YOU EVER DONE ANY OF THE FOLLOWING?

- DAMAGED PROPERTY
- PHYSICALLY THREATENED OTHERS
- VERBALLY THREATENED OTHERS
- STRUCK OTHERS
- HARMED SELF
- MISTREATED ANIMALS

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

DO YOU HAVE A HISTORY OF ARREST OR PROBATION? YES NO

IF YES, PLEASE EXPLAIN:

(SIGNATURE OF APPLICANT)

(DATE)

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)



Taft College
Transition to Independent Living Program
#7 Skills Inventory



Name of applicant: _____ Date: _____

Name of person completing inventory: _____

Relationship to applicant: _____

Honestly evaluate this applicant according to their “current” skill level. This inventory will NOT be used to determine if an applicant should be placed on the interview list, but will be used to determine what the applicant will need to work on to better prepare themselves for independent living. You may check more than one column if needed.

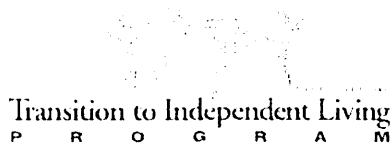
HOUSEHOLD	No help	Some help	Lots of help	No reminders	Some reminders	Lots of reminders	Still learning	N/A
Makes bed daily								
Changes linens weekly								
Uses a vacuum								
Makes a list and grocery shops								
Uses kitchen knives safely								
Uses an oven								
Uses stove safely								
Uses microwave safely								
Washes hands before food preparation								
Cooks a simple meal								
Cooks a healthy meal								

HOUSEHOLD (continued)	No help	Some help	Lots of help	No reminders	Some reminders	Lots of reminders	Still learning	N/A
Limits intake of junk food								
Washes/dries dishes by hand								
Uses a dishwasher								
Mops a floor								
Cleans up kitchen daily								
Cleans a toilet								
Cleans a bathroom								
Disposes of trash								
Clears clutter from his/her room								
Takes care of a family pet								
Does his/her own laundry								
Has safe driving habits								
Comments:								
PERSONAL CARE	No help	Some help	Lots of help	No reminders	Some reminders	Lots of reminders	Still learning	N/A
Sets an alarm clock								
Wakes to an alarm clock								
Gets up without intervention								
Can recognize the onset of an illness								
Independently showers on a daily basis								
Independently shampoos his/her own hair								
Uses a hair dryer safely								
Able to complete personal care/grooming								
Shaves daily/as needed								
Independently takes care of nails								
Comments:								

SAFETY SKILLS	No help	Some help	Lots of help	No reminders	Some reminders	Lots of reminders	Still learning	N/A
Safely locks house when leaving								
Gains entry to house with key								
Stays home alone								
Carries identification								
Distinguishes between friends/strangers								
Uses phone/cell in case of an emergency								
Comments:								
Does he/she use the following appliances?	No help	Some help	Lots of help	No reminders	Some reminders	Lots of reminders	Still learning	N/A
Coffee maker								
Mixer								
Toaster								
Alarm clock								
Garbage disposal								
Blender								
Iron								
Steamer								
Electric can opener								
Electric frying pan								
Television								
CD player								
DVD player								
Computer								
Crock pot								
Electric steamer/rice cooker								
George Foreman Grill								
Comments:								

MONEY MANAGEMENT	No help	Some help	Lots of help	No reminders	Some reminders	Lots of reminders	Still learning	N/A
Knows total monthly income								
Maintains a savings account								
Maintains a checking account								
Uses a budget								
Knows the difference between wants/needs								
Makes their <u>own</u> decisions about things he/she wants to purchase								
Has his/her own money to spend								
Comments:								
SOCIAL SKILLS	No help	Some help	Lots of help	No reminders	Some reminders	Lots of reminders	Still learning	N/A
Plans a social event independently								
Invites friends over for social activities								
Has a best friend								
Has a boy/girl friend								
Has a group of friends for social activities								
Has gone on dates un-chaperoned								
Has appropriate reaction to peer conflicts								
Participated in high school social events								
Comments:								
TRAVEL	No help	Some help	Lots of help	No reminders	Some reminders	Lots of reminders	Still learning	N/A
Has passed pedestrian safety course								
Safely rides bicycle for transportation								
Takes local bus independently								
Has taken taxi independently								

Has taken train independently								
Has taken plane independently								
Has made travel reservations								
Comments:								
VOCATIONAL	No help	Some help	Lots of help	No reminders	Some reminders	Lots of reminders	Still learning	N/A
Has held a job								
Knows the importance of being on time								
Knows how to dress appropriately for job								
Arranged transportation to/from work								
Called in sick when appropriate								
Comments:								



#8 Please read each rule, and sign and date at the bottom if you agree to each rule.

Please print your name: _____

1. I agree to attend/participate (including homework completion) in 35 hours a week of classes.
2. I agree to obtain prior approval before having guests during class hours.
3. I agree that minors (under 18) are not to be on campus unless they are family and I will not be involved with minors (excluding family).
4. I agree to get staff approval 3 days in advance if I will miss class (not including emergencies.)
5. I agree to sign out when leaving campus and sign in on return.
6. I agree to take my medications as prescribed and to let staff know what I take and the dosage. I agree to let staff monitor this.
7. I agree to work 8 hours a week and attend Career Education Class, I understand it is my responsibility to obtain clearance from my supervisor if I will miss work.
8. I agree to get staff approval/initials before writing a check and withdrawing money from the bank.
9. I agree to the rules that Taft College campus is drug and alcohol free, and will uphold these rules.
10. I agree to honor the rules, no stealing, threats, or violence at any time. I agree to treat others with respect at all times.
11. I agree to honor the law.
12. I agree to avoid areas deemed unsafe by TIL staff.
13. I agree to honor the rules regarding curfew.

Please sign and date agreeing that you understand the rules and you agree to follow them.

(Sign) (Date)

(If student is conserved, share these rules with the parent/s or guardian/s and have them sign and date as well.)

(Sign) (Date)

Do you give permission for TIL staff to discuss the outcome of this interview with your family/representative?

Yes No _____

(Applicant's signature)

This letter can be given to your regional center service coordinator or accessed by them on the website.

#9 The Regional Center referral letter is a favorable addition to the applicants file. It is our hope that the Service Coordinator will know the applicant well enough to make an educated referral based on the applicant's current status as well as in consideration of their historical performance.

Please include your name, position and Regional Center.

Your letter should be addressed to the TIL pre-screening committee.

Please look over the requirements for entry: <http://www.taft.cc.ca.us/>

for the Transition to Independent Living Program and address the strengths and potential that may make the applicant a successful candidate.

It is essential for the success of the applicant that they have the motivation and ability to be a part of the program and to live independently upon graduation.

The applicant should let you know of their wish to enter the TIL program and they should have this written into their IPP.

The applicant/family/guardian has/will be asking you for the following information:

- Most current IPP (*current – within one year*) and Annual Review
- Regional Center CDER Evaluation (*current - within the past two years*)
- Regional Center Psychological, Psycho-educational and Medical assessments
- Referral letter from your Regional Center Service Coordinator

Please explain what you think makes the applicant a good candidate for the TIL Program, do you feel they have the motivation to learn the skills to live independently?

Here are some examples:

Are they social? Do they get along well with family or friends? Do they help around the house? Do they work or volunteer? Did they like High School or other training? Are they open to instruction? Are they safe in the community? Do they have any barriers that make you reluctant to refer them?