

## **Application/Registration for Think Ahead**

Mail, or email form and documents to: Dutchess Community College

c/o Office of Accommodative Services 53 Pendell Road,

Poughkeepsie, NY 12601-1595

845-431-8055

thinkahead@sunydutchess.edu

Fall 2024/Spring 2025 academic year

Please print legibly- Use Full Legal Name

	Birthdate:		-	
		Month	Day Year	
_ast Name	First Name			M.I
	PERMANENT LEGAL ADDRES	SS*		
Street			Apt. #	
City/Town		State	Zip	
County	Mailing address if different:			
Phone: (Home)	(Cell)			
Email				
Parent/guardian N	lame: Contact information (e	mail & phone)		
Care Manager Na	me Contact information (ema	il & Phone)		
• Addition form.	note that all students in this program must be OPWDD eligible to the Thin will you have HCBS waiver by program enrollment? Yes No Are you currently enrolled in Self-Direction program? Yes No Has the candidate has achieved a minimum of one hour of unsupe Can the candidate be independent on campus with staff present? Must be Dutchess County Resident; Separated or graduated from high school;	k Ahead program is Application pending rvised time? Yes	listed on rever g: No	se side of this

- Must be able to express a rudimentary employment/vocational goal or interest, and interest in continuing education;
- Must be at least 18 years of age.

Space is limited- selection is based upon evaluation committee review of candidates' application and interview.

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**: **April 19, 2024**– submit application and supporting documentation to email address:

thinkahead@sunydutchess.edu or send to DCC via US mail to address above.

Student interview and selection: April 29 - May 10, 2024

Decisions and communication with applicants: on or about May 17, 2024

Think Ahead Orientation: Tuesday, August 27, 2024

Classes Begin: September 3, 2024

Parent/Guardian

Please submit the required documentation list and sign consent to release information below by April 19, 2024

## **Checklist: Required Documentation for Think Ahead Program** 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 applicable vocational evaluation: i.e. \_\_\_\_ school to work program pre-vocational assessment \_\_\_\_ Copy of the OPWDD Notice of Determination (NOD) \_\_\_ DDP2 report Consent to Release Information (self/parent/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 Manager (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 review for acceptance into the Think Ahead Program. The Think Ahead Committee will notify you/parent/guardian if this is needed. Student Date

Date