



Residence at South College Drive

Referral Questionnaire

Questionnaires & assessments should be emailed to RCSJ ACT Licensed Social Worker, Vanessa Wallace
rsed@rcsj.edu

Name: _____ 1

Questionnaire Checklist:

1. ____ Referral Questionnaire (all pages must be completed)
 - A. ____ Applicant information
 - B. ____ Emergency Contact Information & Social Support Network
 - C. ____ Current Household Information
 - D. ____ Education History
 - E. ____ Disability/Medical Information
 - F. ____ Behavioral and Emotional Health
 - G. ____ Employment
 - H. ____ Goals & Motivation
 - I. ____ Supportive Services
 - J. ____ Acknowledgement & Signature
2. ____ Release/Exchange of Information Form
3. ____ Copy of most recent IEP (if applicable) , Social History, Learning and Psychological Evaluations
4. ____ Three letters of formal recommendation from a person who has known the applicant for one year or longer. Letters must be submitted using the Recommendation Form and returned with the application packet as directed on the form to be a completed application.
 - A. ____ Letter from medical support
 - B. ____ Letter Community Support services
 - C. ____ Letter from Personal (non-relative)

Release of Information:

I, _____, hereby authorize the release, exchange and/or discussion of my educational and vocational records or other pertinent information relevant to The RCSJ ACT Program. These records are required to develop individualized programming and assistance and may include but are not limited to; my last IEP, psychological evaluation, learning evaluation, social history, and medical records, as well as communication with the following agencies.

Name of school, program, medical office, and/or agency:

Signature of requestor: _____

Witness: _____

Date: _____

APPLICATION:

A. APPLICANT INFORMATION: *(It is preferred applicant complete this application)*

Last Name: _____ First Name: _____ M.I. _____

Address: _____
Street City ZIP code

County of Residence: _____

County of employment: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: ____/____/____ Age: ____

Citizenship: ____ U.S. Citizen ____ Non-Resident ____ Permanent Resident

____ Information unavailable

Gender: ____ Female ____ Male ____ Non-binary ____ Prefer not to respond

Federal Reporting:

The state and federal governments require the College to submit information on student characteristics. Your response to this section is voluntary but will help RCSJ implement its affirmative action policy. RCSJ is an equal opportunity institution. This information does not affect admission or placement.

Race/ethnicity:

Does the applicant identify as Hispanic/Latino: ____ Yes ____ No

Does the applicant identify as any of the remaining racial categories (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or another Pacific Islander |
| <input type="checkbox"/> Black or African American | |

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B. EMERGENCY CONTACT INFORMATION & SOCIAL SUPPORT NETWORK:

Emergency Contact: _____ Emergency Contact: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Home Phone #: (____) _____

Home Phone #: (____) _____

Cell Phone #: (____) _____

Cell Phone #: (____) _____

Email: _____

Email: _____

Do you have a Support Network? _____ Yes _____ No

If yes, describe (family, friends, caseworker, etc)

C. CURRENT HOUSEHOLD INFORMATION:

Have you ever lived independently? _____ Yes _____ No

Past Housing History (last 5 years):

Address	Duration	Reason for Leaving	Who did you reside with?

D. EDUCATION HISTORY:

Schools Attended (Name, City, State)	Years Attended	Reason for Leaving

Have you attended RCSJ Adult Center for Transition (ACT) Program? ____Yes ____No

If yes, please include in the chart above.

Did you receive a high school diploma? ____Yes ____No

Name of high school: _____ Date: _____

Have you received a college diploma or vocational certification? ____Yes ____No

Name of college or vocational school? _____ Date: _____

In a couple of words, please describe your personal strengths and challenges.

E. DISABILITY/MEDICAL INFORMATION:

To be referred to Housing Authority of Gloucester County, you must show proof that you have a disability and that you were eligible for special education services under IDEA (i.e., had an Individualized Education Program [IEP]).

Check the disability classification(s) that apply:

<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Autistic	<input type="checkbox"/> Blind/Visually Impaired
<input type="checkbox"/> Emotional/Behavioral Diagnosis	<input type="checkbox"/> None of these/Other (please specify):

Do you have any significant medical concerns? (e.g. Epilepsy, diabetes, etc.) If yes, provide details of how medical concern is managed and please provide documentation:

F. BEHAVIORAL & EMOTIONAL HEALTH:

Do you have a history of mental health challenges ☐ Yes ☐ No

If yes, please describe: _____

Do you currently receive therapy or counseling services? ☐ Yes ☐ No

Are you able to live in a shared community peacefully? ☐ Yes ☐ No

Do you have a history of substance abuse? ☐ Yes ☐ No

If yes, please describe (current status, support systems, etc.): _____

G. EMPLOYMENT:

Are you currently working? ☐ Yes ☐ No

Where do you work? _____

Do you have a goal to be employed? ☐ Yes ☐ No
☐ Full time ☐ Part time

Name: _____ 7

If yes, what would be your ideal job? _____

Indicate the kinds of experiences in which you have/had participated: (*check all that apply*)

___ Vocational training

___ Internship program

___ Job shadowing

___ Paid employment

___ Volunteerism

___ Job Sampling

If you checked any of the above experiences, please complete chart below:

Dates	Business or organization	Type of Experience <i>Circle one</i>	Unpaid or Paid <i>Circle one</i>	Responsibilities
		Training Intern Volunteer Employment	Unpaid Paid	
		Training Intern Volunteer Employment	Unpaid Paid	
		Training Intern Volunteer Employment	Unpaid Paid	
		Training Intern Volunteer Employment	Unpaid Paid	
		Training Intern Volunteer Employment	Unpaid Paid	

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H. GOALS & MOTIVATION

Why are you interested in living in this program? _____

What are your short term goals? _____

What are your long-term goals? _____

What does independence mean to you? (Describe how you envision living independently in this program?) _____

What specific skills or support do you hope to gain through this program? _____

What challenges or barriers do you anticipate in transitioning to independent living? _____

How do you plan to contribute positively to the apartment community _____

I. SUPPORTIVE SERVICES

Student receives support from: (please check those that apply)

____ Supplemental Security Income (SSI)

____ Division of Development Disabilities (DDD Self Directed Supports)

____ Medical Assistance

____ Social Security Disability Insurance (SSDI)

____ Division of Vocational Rehabilitation Services (DVRs)

____ Other; Please explain: _____

Do you have a DDD Individualized Support Plan (ISP)? ____ Yes ____ No

Support Coordinator's Name _____

Phone number _____

Do you have a case manager with Division of Vocational Rehabilitation Services (DVRS)?

___ Yes ___ No

If yes, please list the name and phone number of your case manager:

J. ACKNOWLEDGMENT AND SIGNATURE:

Name of person helping you complete this form (if applicable):

Relationship to the applicant:

This person helped me by: (check all that apply)

___ Writing what I said

___ Reading the application to me

___ Paraphrasing my words

___ Adding more to what I wrote

___ Other _____

I acknowledge that this application was completed truthfully, and all questions were answered to the best of my ability.

Signature of Applicant: _____ Date: _____

ACT Program

Residence at College Drive

Personal Recommendation (Teacher, coach, mentor, etc)

(Applicant name)

The above-named individual is currently being assessed for a referral for The Residence of South College Drive. As part of the referral process, the RCSJ ACT Program is conducting an initial independent living assessment to determine eligibility for referral to the Housing Authority of Gloucester County. This housing program is designed for adults with disabilities who can live freely, offering them an opportunity to build essential life skills while maintaining their independence.

Your Name: _____

Title: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Phone: _____

Organization: _____

Email Address: _____

How long have you known the applicant, and in what capacity?

Do you feel the applicant would benefit from living independently? ____Yes ____No
Why or why not?

Does the applicant have any behaviors that would interfere with his/her/their ability to live in this residence independently? Yes or No Comments:

Describe the strengths that the applicant has that will make him/her/they a strong individual to reside at Residence at South College Drive?

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ACT Program Residence at College Drive

Medical Recommendation (Primary doctor, specialist, therapist)

(Applicant name)

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ACT Program

Residence at College Drive

Community Service Support Recommendation (DDD, DVRS, etc)

(Applicant name)

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