**A logo for a company

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**Residences at South College Drive**

**Referral Questionnaire**

Questionnaires & assessments should be emailed to RCSJ ACT Licensed Social Worker, Vanessa Wallace [rscd@rcsj.edu](mailto:rscd@rcsj.edu)

**Questionnaire Checklist:**

1. \_\_\_\_ Referral Questionnaire (all pages must be completed)
2. \_\_\_ Applicant information
3. \_\_\_Emergency Contact Information & Social Support Network
4. \_\_\_Current Household Information
5. \_\_\_Education History
6. \_\_\_Disability/Medical Information
7. \_\_\_Behavioral and Emotional Health
8. \_\_\_Employment
9. \_\_\_Goals & Motivation
10. \_\_\_Supportive Services
11. \_\_\_Acknowledgement & Signature
12. \_\_\_\_ Release/Exchange of Information Form
13. \_\_\_\_ Copy of most recent IEP, Social History, Learning and Psychological Evaluations
14. \_\_\_\_ 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.
    1. \_\_\_Letter from medical support
    2. \_\_\_Letter Community Support services
    3. \_\_\_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:**

1. **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):

 Asian

 White

 Black or African American

 American Indian or Alaskan Native

 Native Hawaiian or another Pacific Islander

**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:*

\_\_ Intellectual Disability

\_\_ Deaf/Hard of Hearing

\_\_ Autistic

\_\_ Emotional/Behavioral Diagnosis

\_\_ Learning Disability

\_\_ Traumatic Brain Injury

\_\_ Blind/Visually Impaired

\_\_ 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

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

\_\_\_ Job shadowing

\_\_\_ Internship program

\_\_\_ Paid employment

\_\_\_Volunteerism \_\_\_ Job Sampling

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Business or organization** | **Type of Experience**  ***Circle one*** | **Unpaid or Paid**  ***Circle one*** | **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 |  |

**H. GOALS & MOTIVATION**

Why are you interested in living in this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are you 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**

**Residences at College Drive**

Personal Recommendation (Teacher, coach, mentor, etc)

(Applicant name)

The above-named individual is currently being assessed for a referral for The Residences 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 Residences at South College Drive?

**ACT Program**

**Residences at College Drive**

Medical Recommendation (Primary doctor, specialist, therapist)

(Applicant name)

The above-named individual is currently being assessed for a referral for The Residences 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 Residences at South College Drive?

**ACT Program**

**Residences at College Drive**

Community Service Support Recommendation (DDD, DVRS, etc)

(Applicant name)

The above-named individual is currently being assessed for a referral for The Residences 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 Residences at South College Drive?