



Application College to Career (C2C) Program

Shasta College Disabled Students Programs and Services (DSPS)
11555 Old Oregon Trail, Redding, CA 96002
Phone: (530) 242-7795, Fax: (530) 225-4876

Please complete the form to the best of your ability. If you cannot answer all questions, leave them blank. If you need assistance in completing the form please contact C2C Director, Amber Perez, at 530-242-7795.

Name (Print) _____ Date _____ Social Security # _____

Address _____ Contact Phone _____

City _____ Zip _____ Email Address _____

Which Gender do you identify with (circle) Male Female Date of Birth _____ Age _____

Person to notify in case of emergency:

Name _____ Relationship _____ Phone _____

Address _____ City _____ Zip _____

Do you have a conservator? (circle) Yes No

If yes, then name of conservator _____ Phone _____

If yes, then what kind of powers does the conservator have? (circle) Financial Educational

Others _____

(Please be aware that if you are accepted into the program you will need to submit documentation of the conservatorship)

REFERRAL INFORMATION

Who referred you to our program? _____

(Name)

(Agency)

Are you or were you a client of the Department of Rehabilitation? (circle) Yes No

If yes, a. what is your disability according to Dept. of Rehabilitation _____

(circle) I don't know

b. Rehabilitation counselor's name _____ Phone _____

Do you give Shasta College DSPS permission to request and exchange information from Department of Rehabilitation about your disability and the services you are eligible for? (circle) Yes No

Are you or were you a client of the Regional Center? (circle) Yes No I don't know

a. If yes, what is the name of your case worker? _____

b. What is your disability according to the Regional Center _____

Do you give Shasta College DSPS permission to request and exchange information from the Regional Center about the services you are eligible for, and your disability? (circle) Yes No

Are you receiving support from SSI? (circle) Yes No Do you receive SSDI? (circle) Yes No

What is your primary language? _____

Parent's Name _____ Phone _____

Parent's Name _____ Phone _____

Do you live with one or more of your parents? Yes No
If not, then who do you live with (i.e. group home, uncle, roommate, live independently)

EDUCATION

Are you a high school graduate? (circle) Yes No I don't know

If yes, a. list name and location of high school: _____

b. year of graduation: _____

c. sections of CAHSEE passed and number of times taken:

CAHSEE English _____ Math _____

Which high school years did you attend?

(circle) Freshman (grade 9) Sophomore (grade 10) Junior (grade 11) Senior (grade 12)

Did you complete a GED? (circle) Yes No If yes, when? _____

Did you receive a High School Certificate of Completion? (circle) Yes No

What kind of disability related help did you use in high school?

- Special Day Class (SDC) Help with tests
 Resource Program (RSP) Remedial Class Speech and Language Services
 Help with reading assignments Help with writing Assistive technology

Are you attending college now? (circle) Yes No

Have you attended college in the past? (circle) Yes No

Name of college or vocational school _____

Have you taken any vocational classes in the past? (circle) Yes No

What kind of classes? _____

EMPLOYMENT

Have you participated in the local Opportunity Center? (circle) Yes No

Are you currently employed? (circle) Yes No

If yes, please describe current employment:

a. Where _____

b. Job Duties _____

c. Number of hours per week / weekly work schedule _____

d. How long have you had this job? _____

Describe any previous jobs. _____

What kind of job would you like to have (such as childcare worker, automotive, restaurant, landscaping, office work, grocery store, computers, hospital, care for plants/lawns, home health aide, hair or nail salon etc.)?

Do you already have some experience or training in this kind of work? (circle) Yes No

If yes, please describe. _____

What are your favorite hobbies, recreation activities, and ways that you enjoy spending your free time?

HEALTH INFORMATION

Do you have problems with your vision? (circle) Yes No

If yes, describe (nearsighted, farsighted, etc.): _____

Do you wear glasses or contact lenses? (circle) Yes No

Do you have problems with your hearing? (circle) Yes No

If yes, describe: _____

Are you on any medications at the present time? (circle) Yes No

Do you need help taking your medications? (circle) Yes No

If yes, then what kind of help? _____

Do you have any serious health issues that may affect your participation in school? (circle) Yes No

If yes, describe. _____

TRANSPORTATION

How do you plan on getting to and from your college classes and/or work each day?

- Walk Drive self Family member drives me City Bus Demand Response van
- Bicycle Ride with a friend Other please explain _____

Do you know how to use the local bus system? (circle) Yes No

Have you ever been arrested? If yes, please explain. _____

Have you been convicted of any crimes? (circle) Yes No

If yes, for what offense? _____

Tell us why you want to be in the College to Career Program. _____

I understand that in order to be eligible for the College to Career Program I must be eligible for, or already be a client of the Department of Rehabilitation and a consumer at Far Northern Regional Center. I also am aware that submitting this application does not guarantee that I will be chosen for the College to Career Program. I understand that if I am not selected I can still enroll at Shasta College as a regular student.

Applicant Signature

Date

Conservator's Signature (if applicable)

Date

Return completed applications to the College to Career staff at Shasta College

By mail:
Shasta College, DSPS
PO Box 496006
Redding, CA 96049-6006

In person:
11555 Old Oregon Trail
DSPS, Bldg 2000
Redding, CA

By Fax:
530-225-4876

Questions call:
530-242-7795