



The Center for Adult Transition
Accessible College and Continuing Education
for Student Success (ACCESS) Program

2023-2024 Application Packet

Please note: All applicable items listed below must be submitted either in person or mailed to The Culinary Conference Center building located at 161 Newkirk St., 5th Floor Room E512, Jersey City, NJ 07306 ATTN: Center for Adult Transition, or via e-mail to CAT@hccc.edu.

Application Checklist:

- Complete ACCESS Program Interest Survey
- Complete the Application Form
- Provide proof of diagnosis from a medical professional (within the last year) or have a medical professional fill out the attached Medical Documentation Form.
- Provide a copy of the current Individual Education Plan (IEP) or 504 Plan, including transition goals (if applicable)
- Complete the FERBA Disclosure Consent Form along with copies of ID for both parties (if applicable). FERBA form is required if a parent or support person will be involved with the student success process
- Received and reviewed "Program Overview" and "Attendance Policy" documents.
- Complete Self Assessment
- Copy of Picture ID



Program Overview

The Center for Adult Transition (CAT) believes everyone deserves purposeful academic and workforce opportunities in which one feels productive and prospers. Our mission is to inspire those developmentally and intellectually challenged to transition into an academic certificate program, degree program, and/or the workforce. We will create and illuminate opportunities for our students that advance social equity, environmental stewardship, and economic success into adulthood.

The ACCESS Program is a ten-week pre-college workforce transitional program based on a differential learning structure. The courses will teach Fundamental Life Skills/Student Success, Work readiness, and Computer Literacy (Microsoft Word and Excel Training).

PROGRAM ELIGIBILITY

- Must be between the ages of 17-24
- Must be diagnosed with an intellectual or developmental disability. (Documentation required)
- Must possess adequate emotional and independent stability to fully engage in all aspects of the program coursework and campus environment.
- The applicant must exhibit the capability to embrace and adhere to fair regulations and treat others with respect. Please note that the program lacks the resources to oversee students with challenging behaviors or administer medications.

Program Overview

PROGRAM COST

- Tuition is \$99 including 15 weeks of instruction and practical lessons, 1:1 academic coaching sessions, 1:1 career advising sessions, classroom materials, technology, and certification upon completion of the program.
- Scholarships may be available for applicants experiencing financial hardship.

ACCESS PROGRAM DETAILS

- The 15-week program will teach the following topics: Life and Coping Skills, Work-Readiness, Digital Literacy, Introduction to Microsoft Word, Introduction to Microsoft Excel, and Introduction to PowerPoint.
- The classes will take place in person at the Journal Square Campus in Jersey City.
- Class hours take place Monday through Thursday from 10:00 AM- 2:00 PM.
- Mondays and Wednesdays are interactive lecture days.
- Tuesdays and Thursdays are hands-on, practical days to apply lessons.
- Academic Coaches are present during classroom instruction and available for 1:1 tutoring sessions outside of classroom hours.
- The Career Advisor meets with students regularly to set career and academic goals, connect them with community resources, and assist with creating a person-centered plan.
- The 90-day post-program follow-along period ensures students are supported as they transition into degree and certification programs, vocational training, work-based training programs, employment, volunteer opportunities, and internships (based on individual student goals).
- Social Skills and Career Exploration Workshops are hosted outside of classroom hours throughout the program.
- The peer mentor program matches students with a mentor to assist through social events, campus tours, career awareness, and more.

ACCESS Program

Attendance Policy



Attendance is crucial for success in the program. To ensure that students can make the most of their time in the program, we have developed the following absence policy:

Excused absences: Students may request an excused absence in advance for reasons such as illness, family emergency, or other extenuating circumstances. To request an excused absence, students must notify their Instructor, Academic Coach, and Career Advisor at least 24 hours before the absence, except in cases of emergency.

Unexcused absences: Absences not pre-approved by the instructor, Career Advisor/Academic Coach will be considered unexcused. This includes absences due to oversleeping, personal errands, or other non-emergency situations.

If a student has an unexcused absence, the following consequences will apply:

- First unexcused absence: The student will receive a verbal warning.
- Second unexcused absence: The student will receive a written notice.
- Third unexcused absence: The student will be required to meet with the Career Advisor every week and make up course hours with the Academic Coach.
- After more than four missed classes with no communication, the student will be unenrolled from the program due to unresponsiveness.

Making up missed work: Students are responsible for making up any missed work due to an excused absence. The student must contact their instructor and obtain any materials or assignments missed during their absence.

We understand that unexpected events may arise, and we will work with students to accommodate any extenuating circumstances. However, consistent attendance is essential for the student and the program's success. If you have any questions or concerns about this policy, please feel free to contact us at CAT@hccc.edu.



Application Guidelines

This application enables the Hudson County Community College, Center for Adult Transition, to properly assess each applicant's eligibility and identify the support and/or accommodations needed to create an inclusive, safe, and positive learning environment for our students. Our goal is to accept applicants with a diagnosed disability who will benefit from participating in a transitional pre-college program to prepare for a variety of academic and workforce opportunities upon completion of the ACCESS Program.

The application process includes the following guidelines:

1. Submission of application and supporting documentation via:
 - a. Email: CAT@HCCC.EDU
 - b. In-person: 161 Newark Street 5th Floor Room 505 Jersey City, NJ 07306
 - c. Mail: Complete and mail Application Form and supporting documents to Hudson County College Continuing Education, 161 Newark Street, Jersey City, NJ 07306
2. Once the application is reviewed, the applicants will receive an acceptance or denial letter via email with next steps.
3. A tuition fee of \$99.00 must be submitted by the specified due date upon acceptance into the program. Payment Instructions will be sent via email.
4. Accepted applicants must attend a mandatory orientation to complete the enrollment process at HCCC.



The Center of Adult Transition ACCESS Program

2023-2024 APPLICATION FORM

APPLICANT INFORMATION

First Name Last Name

Address

City/State Zip Code

Phone Email

Date of Birth

EMERGENCY CONTACT PERSON

First Name Last Name

Address

City/State Zip Code

Phone Email

Relationship to Applicant

Race:

- America Indian/ Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other

Age Group (years):

- 17
- 18-20
- 21-24

Ethnicity:

- Hispanic
- Non-Hispanic

Education:

- Highest Grade Level Completed _____
- High School Diploma/GED
- Some College, Credits Earned: _____
- College Degree, Degree Name: _____
- Other

Gender:

- Female
- Male
- Non-binary
- Other

Marital Status:

- Single (Never married)
- Married
- Divorced/Separated
- Widow

Community Partners Involved:

- Department of Developmentally Disabled(DDD)
- Division of Vocational Rehabilitation Services (DVRS)
- Hudson County Project SEARCH
- Hudson Community Enterprises
- Other: _____



The Center of Adult Transition ACCESS Program

2023-2024 APPLICATION FORM

Are you currently enrolled at Hudson County Community College?

- Yes, STUDENT ID#: _____
 No

Have you ever taken classes at HCCC in the past?

- Yes, STUDENT ID#: _____
 No

Have you ever been served by HCCC's Office of Accessibility Services?

- Yes
 No

ACCESS Program Terms:

- **Tuition Fee:** \$99.00 due upon acceptance into the program. (Scholarships are available for those experiencing financial hardship).
- **Schedule Changes:** The college makes every effort to ensure our classes run as scheduled. We reserve the right to combine, reschedule, change the time, date, or location of classes, and make other revisions as necessary due to insufficient enrollment. The college reserves the right to cancel classes without incurring obligation.
- **If the College cancels a course:** a full refund is issued.
- **A completed drop request form** must be received by continuing education office in-person, online, by email, or by mail for all course cancellations.
- **Non-attendance to the program:** does not constitute a withdrawal, nor entitle the participant to a refund.
- **A cancellation fee** will be deducted from refunds to cover costs associated with the participant enrollment.
- **Refund Policy:** Cancellations prior to 5 business days before the class: 50% refund. Cancellation less than 5 business days prior to the first day of class: No refund issued.

The following statement is in accordance with the Higher Education Act. Please read carefully and sign. I grant permission to Hudson County Community College to share information including the transfer of grades, credits, and other academic records, where applicable among other organizations and/or agencies/businesses that provide funding for this training.

Applicant Signature: _____ Date: _____

Emergency Contact Information



APPLICANT'S NAME: _____

List emergency contact information below in priority order:

1 NAME : _____
EMAIL : _____
ADDRESS : _____
PHONE : _____
RELATIONSHIP: _____

2 NAME : _____
EMAIL : _____
ADDRESS : _____
PHONE : _____
RELATIONSHIP: _____

3 NAME : _____
EMAIL : _____
ADDRESS : _____
PHONE : _____
RELATIONSHIP: _____

By signing below, I certify that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

APPLICATION QUESTIONNAIRE

PERSONAL INFORMATION:

NAME: _____ DATE OF BIRTH: _____ DAY / MONTH / YEAR

INSTRUCTIONS:

The applicant, parents/guardians/support person, and/or teachers will complete the following information depending on the applicant's ability.

Check yes, no, or write your response to answer the questions below.

QUESTIONS:

Do you need to take breaks during 1:1 or group classroom instruction?	Yes	No
Do you utilize resources like accommodations and tutoring when you need help?	Yes	No
Are you able to organize and keep track of assignments independently?	Yes	No
Do you need assistance with writing and organizing notes?	Yes	No
Do you use adaptive equipment, sign language, or an interpreter to communicate with others?	Yes	No
Do you need to use accessibility features like text-to-speech or voice recognition software to assist with computer use?	Yes	No
Can you use basic computer editing features like copy, paste, and undo?	Yes	No
Can you use a keyboard and mouse to navigate the computer and perform basic functions like opening programs and creating files?	Yes	No
Can you navigate the file structure of a computer to find and open files?	Yes	No
Can you use a web browser to access and navigate websites?	Yes	No

QUESTIONS:

Are you able to manage your school schedule and meet deadlines independently?

Yes No

Are you able to adapt to changes in your environment or routine?

Yes No

Are you able to work collaboratively with others to achieve a common goal?

Yes No

Are you able to take constructive feedback and make adjustments to your academic/work performance accordingly?

Yes No

Do you understand your emotions and have the ability to identify them appropriately?

Yes No

Do you resolve conflict in a constructive and positive manner?

Yes No

Do you have healthy coping skills for managing stress?

Yes No

Do you have a positive attitude towards learning and trying new things?

Yes No

Are there any specific behavioral challenges related to your disability?

Yes No

If yes, please list your behavioral challenges below:
(List any history of behaviors that affect the learning environment, self-inflicting behaviors, behaviors toward others, etc.)

QUESTIONS:

Have you ever received behavioral interventions and support services in the past or current?

Yes

No

If yes, please describe the effectiveness of these interventions below:

Do you have a reliable form of transportation to and from school/work?

Yes

No

Are you able to follow safety rules and guidelines when moving around the school premises?

Yes

No

Do you need assistance in getting to and from classes within the school building?

Yes

No

Do you need support in accessing transportation to and from school, such as a shuttle or public transit?

Yes

No

Do you need assistance with mobility aids, such as a wheelchair, walker, or cane, while moving around the school?

Yes

No

Do you require specialized transportation services, such as a lift-equipped bus services?

Yes

No

Specify any other concerns or challenges related to your mobility below:

Are you currently employed?

Yes

No

QUESTIONS:

Have you ever been employed in your past?

Yes

No

If yes, list your work history below:
(Include the name of the company, your title, and dates of employment)

Do you have volunteer experience?

Yes

No

If yes, list your volunteer history below:
(Include the name of the organization, responsibilities, and dates of service)

Do you have any food allergies? If yes, list below.

Yes

No

Do you need specific assistance or accommodations in accessing or using restroom facilities?

Yes

No

Do you have any sensory sensitivities or aversions that we should consider when planning your educational environment? If yes, please list aversions below:

Yes

No

Please use this section to share any additional information you'd like us to know

Office of Accessibility Services
Hudson County Community College

Student Medical Documentation Form

Name :	College ID :
Phone:	Email :

The student named above is applying for disability accommodations and/or services through the Office of Accessibility Services (AS) at Hudson County Community College. To determine eligibility, a qualified medical professional must certify that the student has been diagnosed with a medical condition and provide evidence that it represents a substantial impediment to a significant life activity. It is essential to understand that a diagnosis of a medical condition in itself does not provide proof of a disability. Information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a significant life activity. This documentation form was developed as an alternative to traditional diagnostic reports.

Center for Adult Transition expects the following regarding this documentation form:

- The form will be completed with as much detail as possible, as a partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of the medical condition was derived through a formal assessment.
- The assessment information is current.
- An appropriate medical professional is completing the form.
- The professional completing the form is not a student's family member or has a personal or business relationship with the student.

What is the student's diagnosis?

How long has the student had this diagnosis or condition?

What is the severity of the condition? (Check one)

Chronic Episodic Short-Term

Explain the duration indicated above.

Explain the student's prognosis regarding this condition.

Date of first contact with student.

Date of last contact with student.

Provide information regarding the student's current presenting concerns (be specific):

Provide information regarding the student's current symptoms:

List the student's current medication(s), dosage, frequency and adverse side effects (if applicable for the above-mentioned diagnosis).

Are there significant limitations to the student's functioning related to the prescribed medications? If yes, please explain:

Provide information regarding the impact, if any, of the condition on a specific major life activity (i.e. learning, eating, walking, hearing, interacting with others, etc.).

In the event of an on-campus emergency requiring evacuation (i.e. fire drill, bomb threat), will this student need assistance? ____ Yes ____ No

If yes, please explain:

State the student's functional limitations specifically in a classroom, educational, remote or online setting (i.e. can the student remain seated for long periods, able to maintain focus, regularly attend class, etc.).

State specific recommendations regarding academic adjustments, auxiliary aids and/or services for this student and the reason these accommodations are warranted based upon the student's functional limitations.

If current treatments (i.e. medications) are successful, state the reason the above academic adjustments, auxiliary aids and/or services are necessary.

Certifying Professional

Name/Title Type of License/Certification & Number

Company/Office/Institution Affiliation Name

Address

Phone Number

City, State, Zip Code

Fax Number

Signature of Certifying Professional

Date



Hudson County Community College
 70 SIP AVE, 1 FLOOR, JERSEY CITY, NJ 07306

FERPA CONSENT FORM FOR DISCLOSURE
 REGISTRAR'S OFFICE

Name of Student (Last, First, MI): _____	HCCC Student ID#: Date: _____	_____ _____
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Student records are protected in accordance with the Family Educational Rights and Privacy Act of 1974 as amended (FERPA). Academic records are maintained in the Registrar's Office. In order to protect a student's privacy, student grades and other non-directory information will be released only to the student and not to family members without a written release.

I, _____, authorize my _____,
 (Student Name) (Relationship to Student)

_____, to have full disclosure of any identifiable
 (First Name, Last Name)

information from my educational records.

**Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Copies of government-issued photo ID (*i.e. driver's license, HCCC Student ID*) for both parties must be included.

*The form must be fully completed and signed by both parties or the records will not be released.

**Students may rescind permission to release information at any time.



Release Form

Date _____

I, _____ (*please print*), **give** Hudson County Community College **permission to record my image and/or voice** and grant Hudson County Community College all **rights to use these sound, still, or moving images** for promotional and recruitment purposes, which may include publications, print and broadcast advertisements, the Hudson County Community College website, and other purposes that support the mission of the College. I agree that the rights to the sound, still, or moving images belong to Hudson County Community College.

I also grant permission to Hudson County Community College to use my **name and/or biographical material information** for promotional and recruitment purposes, which may include publications, print and broadcast advertisements, the Hudson County Community College website, and other purposes that support the mission of the College.

I understand that I will receive no compensation for my participation and that I have no claim on the finished product.

Signature _____

I am 18 years of age or older Under the age of 18*
* If you are under the age of 18, your Parent or Guardian must give permission by signing below.

Parent or Guardian Name (Print) _____
Parent or Guardian Signature _____ Date _____

Student Address _____ E-mail _____
_____ Phone _____

For Office Use Only

Project _____