

EDUCATE Application

Personal Information

Today's Date: _____

Name: _____

Birthdate: _____

Email: _____

Phone number: _____

Address (City, State, Zip Code): _____

Secondary contact: _____ Relationship: _____

Phone number or email of secondary contact: _____

By providing this secondary contact information, you are giving NIACC permission to contact this individual on your behalf.

Checklist for consideration of admission to the program:

✓	Statement
	I have a documented diagnosis of Intellectual Disability.
	I am between the ages of 18 and 25.
	I've been exited from high school/secondary education (e.g have an IEP diploma, Certificate of Attendance or other high school completion document).
	I have a goal and the necessary documentation (e.g., social security card, green card) for gainful employment
	I have functional reading and writing skills that allow me to solve problems and complete daily activities.
	I have the ability to transport myself or arrange transportation to and from campus (or from NIACC Student housing to campus)
	I am able to navigate the NIACC campus environment independently, or with a self-provided personal attendant.
	I have the basic safety skills to participate in an unsupervised setting.

Education Information

Education completed:

HSED High School Diploma Certificate of Completion Other _____

Name of School Attended: _____ Year credential was earned: _____

Are you currently part of an Adult Transition Program? Yes No

If yes, when do you plan to graduate or transition out of the program? _____

Work Experience:

I have no prior work experience

Employer: _____ Paid Volunteer

Position: _____ Phone: () _____

Employer Address: _____

Employer City, State, Zip Code: _____

Duties Performed:

Dates of employment _____ to _____ Beginning wage _____; Ending wage _____

Immediate supervisor's name: _____ Phone: () _____

How many hours did you work a week? _____

How did you find this job? _____

Why did you leave this job? _____

Did you have a job coach (check)? Y N Agency Name: _____

Yes No

Did you use any supports during your employment, and if so, what were they?

Employer: _____ Paid Volunteer

Position: _____ Phone: () _____

Employer Address: _____

Employer City, State, Zip Code: _____

Duties Performed:

Dates of employment _____ to _____ Beginning wage _____; Ending wage _____

Immediate supervisor's name: _____ Phone: () _____

How many hours did you work a week? _____

How did you find this job? _____

Goals:

In your own words, please tell us about your goals:

Independent living:

Transportation:

Education:

Vocational (Work):

Verification of Disability

Documents that should be emailed or sent to the NIACC EDUCATE Program:

1. Verification of your diagnosis of intellectual disability.
2. An AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION for any individual you would like to give us permission to speak with on your behalf.
 - a. The form is provided as a downloadable, fillable pdf but you may also request a hard copy of this document be sent to you by emailing EDUCATE@niacc.edu. Please specify how many copies you require (based on the number of individuals/agencies that you will want NIACC to exchange of information with on your behalf.

Email these documents to EDUCATE@niacc.edu, fax them to 641.422.4150, or mail them to North Iowa Area Community College, EDUCATE Program, 500 College Drive, Mason City, IA 50401.

Note: Verification of your diagnosis of intellectual disability is necessary before admission to the program can be considered.

I hereby certify that all the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in the denial of my application or termination of engagement if discovered at a later date. I agree to notify North Iowa Area Community College immediately of any changes to the information provided.

Student Signature

Date

Parent/Guardian Signature (if underage or not the signer)

Relationship to Student

Date