



# TOLEDO TRANSITION APPLICATION INFORMATION

## GENERAL APPLICANT INFORMATION

\_\_\_\_\_  
Last name First name Middle initial

\_\_\_\_\_  
Residence address (Street name and number) City, State, Zip code

\_\_\_\_\_  
Home phone Cell phone Email address

Date of Birth: \_\_\_\_\_ Male  Female

Ethnicity (optional): Please indicate how you identify yourself. Check all that apply.

- Hispanic/Latino (including Spain)
- American Indian or Alaska Native (including all Original Peoples of the Americas)
- Asian (including Indian subcontinent and Philippines)
- Black or African American (including African and Caribbean)
- Native Hawaiian or Other Pacific Islander (Original Peoples)
- White (including Middle Eastern)

Are you a U. S. Citizen? \_\_\_\_\_ Yes  No

Are you your own legal guardian? (Check one) Yes  No  Not Sure

If NO, please provide the name of your guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

## FAMILY INFORMATION

\_\_\_\_\_  
#1 Parent/Guardian Name

\_\_\_\_\_  
Address (Street name and number) City, State, Zip code

\_\_\_\_\_  
Home phone Cell phone Email address

\_\_\_\_\_  
#2 Parent/Guardian Name

\_\_\_\_\_  
Address (Street name and number) City, State, Zip code

\_\_\_\_\_  
Home phone Cell phone Email address



# TOLEDO TRANSITION APPLICATION FORM

## MEDICAL CONDITIONS

Do you wear contact lenses/glasses? \_\_\_\_\_ Hearing aid? \_\_\_\_\_

Do you have asthma? \_\_\_\_\_ If so, do you have medication? (Specify) \_\_\_\_\_

Do you have any physical disabilities or limitations that we need to be aware of for this program? If so please describe the disability, limitation, and history: \_\_\_\_\_

Do you have any special needs that we should be aware of that may affect your participation in the program (e.g. fears, second language, ADD, Aspergers, etc.)? Explain: \_\_\_\_\_

Do you have another condition that we should be aware of that may endanger, alter or somehow limit your ability to participate in our programs? Explain: \_\_\_\_\_

## MEDICATIONS

Medication/Vitamin/Other	Dose	Times per day

## ALLERGIES

Please list any allergies that you have.

Allergies	Reaction

Do you use medication for allergic reactions? If so, what do you use? \_\_\_\_\_



# TOLEDO TRANSITION APPLICATION FORM

## APPLICANT EDUCATION HISTORY

Please list high school(s), colleges or vocational schools attended.

School	Location	Dates attended

## EMPLOYMENT/VOLUNTEER/ TRAINING EXPERIENCES

List and describe your job, volunteer, and other work training/internship experiences.

Dates	Business or Organization	Type	Paid or Unpaid	Position, responsibilities

## EXTRACURRICULAR ACTIVITIES

List current community and social activities in which you regularly take part. Examples: team sports, fitness classes, religious groups, clubs, etc.

Activity	How often

Other interests: \_\_\_\_\_



# TOLEDO TRANSITION APPLICATION FORM

## SUPPORTS AND SERVICES/GENERAL SKILLS

Describe your disability and how it affects your daily living, learning and working.

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What kinds of assistive technology do you use?

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What kinds of transportation do you currently use?

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Although participants are not required to be independent in all aspects of their life in order to be eligible for Toledo Transition, increasing overall independence is an area of emphasis for participants to become integrated within campus life. Please answer yes or no to all that apply:

- Applicant takes medication and is able to do so without supervision.
- Applicant takes medication, but needs support to do so (describe support needed). \_\_\_\_\_  
\_\_\_\_\_
- Applicant is able to use the restroom independently.
- Applicant needs support in the restroom (describe support needed). \_\_\_\_\_  
\_\_\_\_\_
- Applicant is able to manage stress and adapt to changing environments on his or her own.
- Applicant needs support in managing stress and/or navigating changing environments (describe support needed). \_\_\_\_\_  
\_\_\_\_\_
- Do you have any behaviors that need support in order to have a successful work internship placement?  
\_\_\_\_\_

Are you currently receiving services from any of the following adult agencies?

- Bureau of Vocational Rehabilitation, RSC. Name of counselor: \_\_\_\_\_
- County Board of Developmental Disabilities. Name of current Service and Support Specialist:  
\_\_\_\_\_
- Bureau of Services for the Visually Impaired. Name of counselor: \_\_\_\_\_
- Any of the Mental Health adult agencies. Name of worker and location: \_\_\_\_\_
- Any other community program. Name: \_\_\_\_\_

Check if you currently receive the following:  SSI/SSDI benefits  Medicaid/Medicare health insurance



# TOLEDO TRANSITION APPLICATION FORM

## DISCIPLINARY HISTORY

Have you ever had a disciplinary violation at a high school or college that resulted in your probation, suspension, removal, dismissal or expulsion?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If you answered "yes" to either or both questions, please reflect on the experience:

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## DISCIPLINARY HISTORY

I have completed this application truthfully and to the best of my knowledge all information is accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal guardian (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Name of person helping me complete this form: \_\_\_\_\_

Signature of person helping me complete this form: \_\_\_\_\_

Contact Information:

\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

## PLEASE RETURN THIS APPLICATION TO:

Dr. Beth Ann Hatkevich  
Mail Stop #119  
The University of Toledo  
2801 W. Bancroft St.  
Toledo, Ohio 43606  
T2program@utoledo.edu

\*You will be contacted via email upon receipt of this completed application regarding the in-person interview process.