**College Step-Up & Transitions APPLICATION**

Please return completed application and 3 letters of reference to: Lisa Sandy, GWH, PO Box 159, Hinckley, ME 04944, via fax at (207) 238-4007, or via email at lsandy@gwh.org

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| --- | --- |
| **Student Information:** |  |
| Full Name: |  | DOB: |  | Gender: |  | Date: |  |  |
| Street Address: |  | City/State/Zip: |  |
| Mailing Address:(If different) |  | City/State/Zip: |  |
| Mobile Phone: |  | Email: |  |
| Do you currently have an Extended Care Agreement with DHHS? | [ ]  Yes Name and contact information of DHHS Youth Transitions Worker: [ ]  No |  |
| Legal Guardian:If applicable |  | Relationship:  |  | Contact Number(s): |  |
| Emergency Contact Name: |  | Relationship:  |  | Contact Number(s): |  |
| **Medical History:**  |  |
| Name/Address/Phone of Primary Care Provider |  |
| Current Medications, dosage, prescribing Physician |  |
| Medical Concerns (Including Allergies): |

|  |  |  |
| --- | --- | --- |
| **Case Management Information:**  | Case Manager Assigned: | Phone Number(s) Office:  |
|  | Cell: |
| Mailing Address City | Zip | Email: |
| Agency Name Agency Phone # |
| **Education:** Name of last school attended: |
| School Address City Zip | Phone: |
| Circle One: Did you have a 504 or IEP at your last school? | Circle One:IEP 504 Neither |  Name Of School: | Exceptionality: |
| High School Diploma:\_\_\_\_Yes \_\_\_\_No | HiSet:\_\_\_\_Yes \_\_\_\_No | Any College? \_\_\_\_Yes \_\_\_\_No | If College, Please Explain: |

**Have you/ do you currently receive intervention services for behavioral/ mental health? If yes, please check-off services receive:**

\_\_\_ Individual Counseling \_\_\_ (HCT) Home & Community Treatment Svs. \_\_\_ (MST-PSB) Multi Systemic Therapy for Problem Sex. Behavior

\_\_\_ Family Therapy \_\_\_ (FFT) Functional Family Therapy \_\_\_ (ACT) Assertive Community Treatment

\_\_\_ Medication Management \_\_\_ (MST) Multi Systemic Therapy \_\_\_ Residential Treatment Services

\_\_\_ Respite Care \_\_\_ Homeless Youth Services



|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity-circle all that apply:Asian Native American Hispanic/Latino Black/African Pacific Islander Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ Caucasian Mixed Race |  | Religious Preference: |  |
| Maine Care Number (if applicable): |  |
| Name of other Medical Insurance (if applicable): |  |
|  |
| Name of Policy Holder & their date of birth: | Relationship to Student: | Group Number: |
| Policy Number: |

Current or past use of alcohol, cigarettes, drugs and/or vaping (please explain):

Current or past involvement with the juvenile or adult justice system, i.e. do you have or have you ever had criminal charges, on probation, spent time in a detention center, etc. If yes, please provide details:

Do you have academic goals? If so, what are your goals?

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Do you have job/career goals? If so, what are your goals?

What do you see as your academic and personal strengths?

What do you see as your academic and personal challenges?

What else do you think is important for us to know about you?

What additional areas of support do you anticipate needing from the College Step Up & Transitions Program?

  Finance/Budgeting information.

  Having/Maintaining Healthy Relationships

  Communication with Teachers/Professors

  Mental Health Counseling

  Substance Abuse Counseling

  Help with Legal Issues

  Help Finding a Job

  Help Getting a Driving License

  Transportation

  Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who are the people who support you in achieving your goals? What is their relationship to you?

What are your funding sources (V9, Alumni Transition Grant, Social Security Disability, family, job, etc.):

Please let us know why you think the College Step Up & Transitions Program is a good fit for you:

Signature Date

04/2024

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