



THE UNIVERSITY *of* NORTH CAROLINA
GREENSBORO

Beyond Academics

P.O. Box 26170
Greensboro, NC 27402
beyondacademics.uncg.edu

Application Deadlines

Fall 2014 Priority Consideration Deadline: November 4, 2013

Fall 2014 Final Deadline: December 16, 2013

Application Checklist

- \$55 application fee (non-refundable). Please make check payable to Beyond Academics. Include your full legal name on your check. Applications received without the application fee enclosed will not be processed.
- Recent Psychological Evaluation conducted within three years, and/or other documentation with diagnostic information.
- Most current Person-Centered Plan within one year, if applicable.
- Signed attached forms: AUTHORIZATION TO RECEIVE HEALTH INFORMATION (If receiving services from another agency, and you want to give consent for us to contact for coordination of services)
- Most recent Individualized Education Plan (IEP)
- Copy of high school diploma and/or certificate of completion, or equivalent.
- Transcripts from all secondary and post-secondary educational institutions.
- Two letters of recommendation. Letters should be from non-relatives (teachers, counselors, supervisors, or community engagement) who know the student's level of motivation and who have known the applicant at least one year.

Application Process

- Applying too close to the final deadline is strongly discouraged.
- All completed applications received by November 4th will be considered priority. Completed applications received after November 4th will be considered on a rolling basis until December 16th.
- Benefits of priority consideration:
 - Notification of missing application items
 - Early acceptance notification
- A personal interview is held by the Beyond Academics Admissions Committee with the prospective student and his/her parents or legal guardian.
- Acceptance notification for priority applications: January
- Acceptance notification for all applications: March
- Application reviews are conducted by the Beyond Academics Admissions Committee on a rolling basis throughout the year for *fall enrollment*.
- If accepted, the student begins the admissions/enrollment process with the UNCG registrar, with support from Beyond Academics during summer orientation.

Prospective student applicants must meet the following criteria to be considered for admission:

- Have a documented diagnosis of an intellectual and developmental disability as defined by the American Association on Intellectual and Developmental Disabilities.
- Have concluded secondary education with a diploma, certificate of completion, or equivalent.
- Be at least 18 years old before August 31st of academic year.
- Be able to live in student housing during non-service hours.
- Have basic safety skills in unsupervised settings.
- Have support from family and a personal desire to gain necessary skills for self-determination, independent living, and employment.

You may either complete the application electronically and print to submit, or print and complete with black ink.

**Please Use Certified Mail and Submit Completed Application Packet,
Postmarked by December 16th to:**

Beyond Academics at UNCG
P.O. Box 26170
Greensboro, NC 27402

Please call the Beyond Academics office with any questions at **(336) 334-3905** or email us at **info@beyondacademics.org**

Student Information

1. Full legal name as it appears on your Social Security Card or Birth Certificate

Last Name _____

First Name _____ Middle Name _____

2. Sex

 Female Male3. Ethnic/Racial Origin (not required; for statistical purposes only;
not a factor in the admission decision) Select one or more: American Indian or Alaska Native Hispanic or Latino Black or African American White Asian Native Hawaiian or Other Pacific Islander

4. ____ / ____ / ____

Date of Birth (month/day/year)

5. Permanent Address _____ Since ____ / ____ (month/year)

City _____ State _____ Zip Code _____

County _____

6. Mailing Address (if different from above) _____ Since ____ / ____ (month/year)

City _____ State _____ Zip Code _____

County _____

7. Home Phone _____ Mobile Phone _____

Email address _____

8. I currently live with my parent(s) other relatives on my own or with a roommate other (describe) _____**Family Information**

9. Mother Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Email address _____

10. Father Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Email address _____

11. Do you have a legal guardian? No Yes:

12. Name _____

Relationship to Applicant _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Email Address _____

13. Emergency Contact Information Parent Guardian Spouse Other: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Email Address _____

Service Provider Information

14. Are you currently receiving Medicaid Waiver Services?

Yes No

If Yes, which service(s)?

Home/Community Support Personal Care Residential Respite Other: _____

15. If you currently receive services, please fill out the following

Provider Agency Name _____

Provider Address _____

Provider Contact Name _____ Phone _____

16. Are you receiving case management/care coordination services? Yes No

Name of Agency _____

Agency Address _____

Care coordinator Name _____ Phone number _____

Email Address _____

17. Are you currently receiving support from Vocational Rehabilitation Services? Yes No

Name of Local Office _____

Name of Counselor _____

Phone number _____

Email Address _____

Health Information

18. I currently take the following medications

_____ Dosage _____ Purpose _____

_____ Dosage _____ Purpose _____

_____ Dosage _____ Purpose _____

_____ Dosage _____ Purpose _____

Other:

19. Do you need support managing your medication? Yes No If yes, what kind? (Beyond Academics DOES NOT provide medication administration of any kind) Please explain: _____

20. Disability/Medical Diagnosis

21. Behavioral/Mental Health Diagnosis

Student-Centered Information The below questions should be answered by the potential student with assistance only if needed.

29. Long-Term Goals: How do you want your life to look within the next four years?

30. Strengths: What are you good at doing? What do people admire about you? What are your talents and gifts?

31. Preferences: What is important to you? What really matters in your life?

32. Needs: What would you like to change about your life? What is not working?

33. Supports: What is important to you to be successful, healthy and safe?

34. Why do you want to be a student at UNCG?

35. What do you look forward to if accepted?

36. What fears do you have about attending college?

37. Have you ever lived away from home? ___ Yes ___ No

If yes, please explain:

38. Do you currently have a paid or volunteer job? ___ Yes ___ No

If yes, please explain:

For parents or legal guardian to complete (if applicable)

39. My relation to the student:

Parent Sibling Other relative Non-related guardian

40. Why do you think this applicant is interested in applying to UNCG and receiving support from Beyond Academics?

42. What situations are upsetting to the student that we need to be aware of?

43. What are your concerns about the student attending college?

44. What suggestions do you have regarding motivators for this applicant? For example, if s/he is hesitant to attend classes or participate in student activities, what do you recommend?

45. What are three skills (priority) you like to see this student accomplish during his/her college career? (be specific)

1.

2.

3.

Other

Please check the response that best describes this applicant:

46. When walking down the street, s/he will remain on the sidewalk:

- Only if someone walks beside him or her
- With constant reminders
- With occasional reminders
- Independently

47. When at a crosswalk, s/he will

- Cross the street without regard to safety
- Wait for someone to tell them when to cross the street
- Cross the street by using safe street crossing skills

48. Upon waking in the morning, if s/he found that they were the only person awake in their home, s/he would:

- Leave the apartment without regard to safety
- Remain in the apartment and wait for someone to assist them
- Safely begin a daily routine in the apartment
- Call or wake someone to ask what to do next

49. How much supervision does the student need?

- Constant, s/he spends no time alone.
- Frequent, s/he is supervised most of the time but can spend brief periods alone.
- Occasional, s/he receives sporadic supervision but spends several consecutive hours alone.

50. Is the applicant able to take his or her own medications?

- Yes, takes his/her own medications without reminders
- Needs reminders to take medications but can take them without further assistance
- No, s/he is not able to take medications independently nor with reminders

51. Is this applicant able to perform personal care tasks including bathing, teeth brushing, combing hair, and dressing?

- Yes, s/he performs the above independently.
- S/he needs reminders to do these things but can do them independently.
- S/he is not able to perform: (check any that s/he is not able to perform)
- Bathing Combing hair
- Washing hair Dressing
- Teeth brushing Toileting
- Other _____

Other Comments Regarding Safety and Health: (Use the back of sheet or additional sheets, if needed)

52. How dedicated is the student to the full four-year course of study?

Very dedicated. We expect that s/he will complete the full four-year program.

Somewhat dedicated. We are a bit concerned about him or her remaining the full four years.

Do not know. It is difficult to tell what extent s/he understands about the full four-year course of study.

53. How dedicated are you, as a parent or legal guardian to the full four-year course of study?

Very dedicated.

Somewhat dedicated.

Not sure. This is a decision made by my son or daughter and I am not sure I support him or her.

Other comments regarding dedication: (Use back of sheet or additional sheets, if needed)

54. Campus Safety Questions (Required for all applicants)

Your "yes" answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment. For the purpose of the following six questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related.

a) Have you been convicted of a crime? Yes No

b) Have you entered a plea of guilty, no contest, "*nolo contendere*," or an Alford plea, or have you received a deferred prosecution or prayer for judgment continued, to a criminal charge?

Yes No

c) Have you otherwise accepted responsibility for the commission of a crime? Yes No

d) Do you have any criminal charges pending against you? Yes No

e) Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary sanction by any school, college, or university? Yes No

f) If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? currently serving never served Yes No

If you answered "yes" to any of the six questions above, explain the circumstances below

Furthermore, you must promptly notify the Office of Undergraduate Admissions in writing of any criminal charge; any disposition of a criminal charge; any school, college, or university disciplinary action against you; or any type of military discharge (other than an honorable discharge) that occurs at any time after you submit this application. Failure to do so will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

Application Agreement: I certify that the responses provided on my application are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed. I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. Further, it is my understanding that I shall not be considered for admission to the University until I have submitted all credentials. I also agree to inform the Office of Comprehensive Transition and Postsecondary Education in writing, of any change in my plans to attend the University, any change of address, any change of my Campus Safety Questions responses, or residency. I understand that if I do not enroll or discontinue my enrollment at UNCG at any time, I must submit a new application by the appropriate deadline and pay a new application fee. UNCG is authorized to use my image (still or motion photography) in its promotional materials.

Please sign and date completed application.

Student Signature

Date

Guardian Signature (if applicable)

Date

Beyond Academics

AUTHORIZATION TO RECEIVE HEALTH INFORMATION

Client Name: _____

Record #: _____

Medicaid #: _____

DOB _____

I request and authorize

Person/agency

Address

Phone #

to share the specified health information in my records with **Beyond Academics, 3607 MHRA, 1111 Spring Garden St. Greensboro, NC 27412. (Fax: 336-334-3661)**

This consent to share information is (initial box): ___ reciprocal ___ to disclose only ___ to receive only

Information to be **received** from _____ is indicated below by **my initials** next to each item.

___ x Admission /screening /discharge summaries

___ Financial reimbursement

___ x Psychiatric/psychological evaluations

___ x Medication/health information

___ x Educational information i.e. IEP/behavior plan

___ x Verbal exchange

___ x Diagnostic tools i.e. SNAP/IPRS

___ x Guardianship information

___ x Person Centered plan

___ x MR2

___ Other _____

Information to be **released** by Beyond Academics is indicated below by **my initials** next to each item.

___x Admission/Discharge summaries

___Progress summaries

___x Information related to goals

___x Info related to health and safety

___Financial

___ Other _____

For the purpose of ___x Service Delivery ___x Client request ___ Legal ___ x Referral

___ Benefits Maintenance ___ x Coordination of services ___x Maintaining student's health and safety

___ Other _____

Expiration Date _____ (not to exceed one year) **Revoked on:** _____

Staff Signature

Student Signature _____

Date

Legal Representative Signature _____

Date

Witness Signature _____

Date

x I understand that this information is released and protected by the HIPPA Privacy Law (45 C.F.R., parts 160 and 164); the Federal Confidentiality Law (42 C.F.R., part 2); and the North Carolina Confidentiality Law (G.S., 122-C). The doctrine of informed consent has been explained to me, and I understand the contents to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled, but not to exceed one year. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

x I understand that the health information used and disclosed may include information such as alcohol abuse, drug abuse, psychological or psychiatric conditions.

x **REDISCLASURE:** Once information is disclosed pursuant to this signed authorization, I understand that the federal health privacy law (45 C.F.R. Part 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from re-disclosing it. Other laws, however, may prohibit re-disclosure. When this agency discloses mental health and developmental disabilities information protected by state law (G.S. 122C) or substance abuse treatment information protected by federal law (42 C.F.R. Part 2), we must inform the recipient of the information that re-disclosure is prohibited except as permitted or required by these two laws. Our Notice of Privacy Practices describes the circumstance where disclosure is permitted or required by these laws.

x **NOTICE OF VOLUNTARINESS:** I understand that signing this form is completely voluntary and that I have the right to refuse signature. If I choose not to sign this form, I understand that Beyond Academics cannot deny or refuse to provide treatment, payment, enrollment in health plan, or eligibility for benefits on my refusal to sign.

x I authorize the release of information regarding **HIV or AIDS** related conditions Yes No

x I was **offered a copy** of this release form and I received this copy on _____ declined a copy _____

Student

Date

Legal Representative

Date

Beyond Academics Staff

Date

REVOCATION: Sign below **ONLY** if you are revoking your Authorization

I understand that, with certain exceptions, I have the right to revoke this authorization at any time. (If I want to revoke this authorization I must do so in writing.) The procedure for how I may revoke this authorization, as well as the exceptions to my right to revoke, are explained in Beyond Academics Notice of Privacy Practices, a copy of which has been provided to me.

Student Signature

Date

Legal Representative Signature

Date

Witness

Date

Revocation Date