

# WEST HILLS COMMUNITY COLLEGE DISTRICT

## Application for Disabled Students Program and Services

WHC Coalinga     WHC Lemoore     NDC     Kings Rehabilitation Center

Date \_\_\_\_\_

Student ID \_\_\_\_\_

Name \_\_\_\_\_

College Counselor \_\_\_\_\_

Address \_\_\_\_\_

Referred by \_\_\_\_\_

\_\_\_\_\_

Dept. of Rehabilitation Client? \_\_\_\_\_

Phone \_\_\_\_\_

Rehabilitation Counselor \_\_\_\_\_

List name of person to notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I intend to pursue the following educational program: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Specialist's Signature

### DISABILITY:

Acquired Brain Injury

Intellectual Disability

Speech Impairment

Blind/ Low Vision

Learning Disability

Veteran

Deaf or Hearing Impaired

Mobility Impairment

Other Disability

Psychological

\_\_\_\_\_  
\_\_\_\_\_

1. How does this disability affect your school related activities? \_\_\_\_\_

2. Are you receiving services through

Financial Aid/Scholarship

Cal-Works

Veterans Administration

EOPS

SSI/SSDI

Mental Health Services

KCOE/FCOE/Transition

Case Manager \_\_\_\_\_

CVRC

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

3. Have you received special disability related services from another school or college?

Yes  No If yes, list school(s) or college(s) \_\_\_\_\_

4. Please check your long term educational goal?

- a. Transfer to another college
- b. Obtain an AA/AS Degree
- c. Obtain a Vocational Certificate
- d. Obtain job skills
- e. Personal/Social Development
- f. Work on basic academic skills
- g. Undecided
- h. Other: \_\_\_\_\_

### HEALTH INFORMATION

5. Functional Limitations (Physical and/or mental) \_\_\_\_\_

\_\_\_\_\_

6. Are you on any medication at the present time?  Yes  No

If yes, please give the name of the medication, dosage, and reason for taking.

\_\_\_\_\_

7. Are you on academic probation?  Yes  No

If yes, why? \_\_\_\_\_

There are no additional costs to students who receive special supportive services. In order to participate in this program, students with disabilities must: **(1)** complete this Application for Services, **(2)** submit a professional verification of disabling condition, **(3)** make measurable progress toward their vocational/educational goals, **(4)** complete a Student Education Contract annually.



