



LEARN *of the Jersey Shore*

725 Airport Rd. Lakewood, NJ 08701 • 732-367-5439 • FAX 732-367-8242

Service Application/Referral Form

I. Demographics				
Name		Application Date		
Date of Birth		Age		
SSN				
Street Address				
City	County	State		
Zip	Home Phone	Cell		
Email				
Are you currently enrolled in college?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Where:	
Income Source <i>(check all that apply)</i>		<input type="checkbox"/> Employment <input type="checkbox"/> SSD <input type="checkbox"/> SSI <input type="checkbox"/> Other		
Average Monthly Income				
Health Insurance <i>(check all that apply)</i>		<input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other		
Current living situation:		<input type="checkbox"/> own home <input type="checkbox"/> apartment <input type="checkbox"/> shared housing <input type="checkbox"/> temp housing/shelter/homeless		
Who do you live with?		<input type="checkbox"/> alone <input type="checkbox"/> with significant other <input type="checkbox"/> with family/friends <input type="checkbox"/> Other _____		
Describe your current means of transportation:		<input type="checkbox"/> own car <input type="checkbox"/> shared car <input type="checkbox"/> public transportation <input type="checkbox"/> walk <input type="checkbox"/> bicycle <input type="checkbox"/> Other _____		

II. Collaborative Providers		
Are you currently working with the Division of Vocational Rehabilitation (DVR)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving services/support from the below list. Please indicate if they support your educational goals.		
Service	Provider/Agency	Support Edu. Goals
<input type="checkbox"/> Partial Care Provider		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> PACT		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Residential		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Supported Employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Self help		<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Education History		
Obtained: <input type="checkbox"/> High school diploma or <input type="checkbox"/> GED		Date:
List all colleges, universities, & vocational schools attended with corresponding dates and reason for leaving:		
School and Major	Semesters/ Years Attended	Reason for Leaving
List any degrees or professional certifications you have received:		
Have you ever defaulted on a loan? <i>If yes, please explain.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current reason(s) for returning to school:		

IV. Resources			
How will you get to school? <i>(check all that apply)</i>	<input type="checkbox"/> self	<input type="checkbox"/> family/friend	
	<input type="checkbox"/> public transportation	<input type="checkbox"/> unsure	
	<input type="checkbox"/> other		
How will you finance school? <i>(check all that apply)</i>	<input type="checkbox"/> financial aid	<input type="checkbox"/> self pay	
	<input type="checkbox"/> scholarship	<input type="checkbox"/> DVR	
	<input type="checkbox"/> family support	<input type="checkbox"/> VA benefits	
	<input type="checkbox"/> unsure	<input type="checkbox"/> Other	
Do you have regular access to a computer?	<input type="checkbox"/> yes		<input type="checkbox"/> no
Where do you access the computer?			
Can you use the computer to complete your assignments?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not very well
Can you navigate the internet?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not very well
Do you have an email account?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not very well
How did you hear about our services?			
To be filled out by provider		Do you feel that education is possible for the consumer?	
Diagnosis:			
Comments:	<input type="checkbox"/> Yes		<input type="checkbox"/> No

All of the above information is true to best of my knowledge.

Signature of Consumer

Date

Send Completed Applications to:
LEARN of the Jersey Shore
Preferred Behavioral Health
725 Airport Rd.
Lakewood, NJ 08701
emetzner@preferredbehavioral.org
Fax
732-367-8242