



Career
Options through
Academic
Support and
Training

1515 Monrovia Ave. Newport Beach, CA 92663

(714) 241-6214

SPECIAL PROGRAMS AND SERVICES FOR THE DISABLED APPLICATION

The following application is to be completed by the potential student unless physically unable (i.e., due to visual impairment). If completed by someone other than the applicant, who is completing the application?

Name _____ Relationship to Prospective student _____

Reason _____

Applicant's Name _____ Date of Application _____

Address _____ City _____ Zip _____

Phone Number _____ Date of Birth _____ Male Female

What is your Race/Ethnicity? (Check one or more)

- | | | | | | |
|---|---|---|--------------------------------------|--|---|
| <input type="checkbox"/> Mexican, Mexican American, Chicano | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Asian Other | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Hispanic Other |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Central American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodia | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Filipino | <input type="checkbox"/> South American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White |
| <input type="checkbox"/> Pacific Islander Other | <input type="checkbox"/> American Indian/Alaskan Native | | | | |

Conservatorship? YES NO Name _____
(If yes, please provide legal documentation)

Power of Attorney (POA)? YES NO Name _____
(If yes, please provide legal documentation)

Are you presently a client of Regional Center of Orange County? YES NO

Case Worker _____ Phone _____ Fax _____

Are you presently a client of another agency? YES NO

Agency Name _____ Phone _____

Agency Address _____ City _____ Zip _____

High School Attended _____ Diploma Cert. of Completion Other

Did you have any challenges in school? _____

Have you ever participated in: a WorkAbility Program a TPP Program ROP Other _____

If so, please provide information: _____

Participation in this program requires a desire to become employed. Are you interested in getting a job? YES NO

Are you willing to participate in an unpaid externship (on/off campus) to fulfill the requirements of the program? YES NO

Have you worked/volunteered before? YES NO Are you working/volunteering now? YES NO

Work/Volunteer History:

Business Name	City	Job Title/Duties	Wages
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Date Start – End	Reason for Leaving	Supervisor	Phone No.
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Business Name	City	Job Title/Duties	Wages
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Date Start – End	Reason for Leaving	Supervisor	Phone No.
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Did you have any challenges at work? _____

What do you hope to gain from this program? _____

What program(s) are you interested in? (Checkmark your top 3)

- Animal Care Art Creative Arts Culinary Arts Drama
 Guest Services Horticulture Music Porter

I understand that acceptance into the COAST program requires a commitment to attend and participate in my schedule of classes as outlined in my program? YES NO

I HEREBY DECLARE THE STATEMENTS AND ANSWERS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE

APPLICANT'S SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN
(If applicant is under 18 years of age or legal ward)