



Adult Transition Center Referral Form



By completing the referral form you are verifying the individual meets the criteria stated below for an intellectual and developmental disability diagnosis. Verification is provided by a certified or licensed professional who has comprehensive training and direct experience in the diagnosis such as a high school faculty/staff member (counselor, LDT-C, social worker, psychologist, special education teacher); or a licensed professional (psychiatrist, audiologist, pediatrician, ophthalmologist, neuropsychologist, medical doctor, social worker, clinical psychologist, learning disability specialist, vocational rehabilitation counselor). A community agency with a federal IDD/DDD verification letter can also refer an individual. It is not appropriate for professionals to evaluate members of their family or others with whom they have personal or business relationships.

How did you hear about the Adult Transition Center? _____

Name of person completing form: _____

Phone _____ Email _____

Verification Role: _____ How many years have you known the individual: _____

US Department of Health and Human Services defines intellectual disability:

Intellectual disability starts any time before a child turns 18 and is characterized by differences with both:

- Intellectual functioning or intelligence, which includes the ability to learn, reason, and problem solve.
- Adaptive behavior, which includes everyday social and life skills.

A developmental disability is a chronic physical and/or intellectual disability that:

- Manifests before the age of 21 (or 22 according to NJ Office of the Ombudsman);
- Is permanent
- Substantially limits an individual's ability to complete activities in at least three of the following life activities:
 - Self-care
 - Learning
 - Mobility
 - Communication
 - Self-direction
 - Economic self-sufficiency
 - The ability to live independently, and
- Reflects the need for special care, treatment, or other lifelong or extended services.

Examples of Developmental and Intellectual Disabilities:

- Autism
- Cerebral Palsy
- Epilepsy
- Spina Bifida

- Down Syndrome
- Fragile X Syndrome
- Prader-Willi Syndrome
- Traumatic and Acquired Brain Injury *
- Fetal Alcohol Syndrome
- Apert Syndrome
- Williams Syndrome
- Phenylketonuria

* Manifests before age 22

Conditions that do not independently meet the criteria of developmental disability include, but are not limited to:

- Education classification of a neurological impairment
- Attention Deficit Hyperactivity Disorder
- Learning Disability
- Oppositional Defiant Disorder
- Conduct Disorder
- Mental Health Diagnosis

Does the individual have an IDD/DD diagnosis? ____ YES ____ NO**

Does the individual's diagnosis meet the criteria listed above? ____ YES ____ NO**

**If you answered no to either of the two questions above, then the individual would not be eligible for the Adult Transition Center.

Verification Signature: _____ **Date:** _____

Participant Information:

Legal First Name _____ MI _____ Legal Last Name _____

Birth Date ____/____/____ Age _____ Sex: ____ Male ____ Female

Cellphone # (____) ____-____ Home # (____) ____-____

Email _____

With whom does the participant live? _____

Participant Education:

____ High School Diploma/Equivalency ____ Year Obtained ____ No Diploma ____ Last Grade Completed

____ College Graduate ____ Year Completed

Current educational or vocational training program: _____

Participant Information:

Are you able to provide documentation of diagnosis if required? _____

Will the individual need additional accommodations for learning, ADD, ADHD, physical disability? ____ YES ____ NO

If yes, please provide further details: _____

Will the individual have an IEP/IHP? ____ YES ____ NO

Is the individual able to independently complete ADL's (activities of daily living)? ____ YES ____ NO

If no please provide further information: _____

Does the individual maintain self-guardianship? ____ YES ____ NO

If no, is the individual able/eligible to obtain self-guardianship? ____ YES ____ NO

Please provide further information as to why the individual has not been assigned self-guardianship as of yet?

Please describe some of the individual's career/vocational/educational interests:

Why do you think this individual is an appropriate fit for the OCC Adult Transition Center program?

Are there any challenges that you feel might arise for this individual related to participation in the program and/or obtaining/maintaining employment or engaging in an academic or vocational training program?

Please provide any additional information regarding the individual that you think would be important for our staff to be aware of.

Additional Information:

**Ocean County College - Adult Transition Center
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Toms River, NJ 08754
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