



PRELIMINARY APPLICATION

Please complete all items on this preliminary application; it will be time stamped. This application will be used to obtain information about you as a potential candidate for Creative Transitions. The Academic Director will evaluate all information obtained and determine if you will be accepted into the program.

STUDENT INFORMATION:

Name: _____ ☐ Male ☐ Female
Date of birth: _____ Email address: _____ ATTEND as: ☐ Resident ☐ Commuter
Current Student Address: _____
City: _____ State: _____ Zip: _____
Telephone Number(s): _____ Home: _____ Cell: _____
Qualifying Disability: _____
Do you have a SSA case manager? ☐ Yes ☐ No SSA Name: _____
If yes, do we have your permission to contact case manager? ☐ Yes ☐ No
SSA Email address: _____ Phone: _____
SSA Office address: _____

EDUCATIONAL INFORMATION:

Name and address of current or prior high school: _____

Prior College Experience (location): _____
Do we have permission to contact prior high school, college, and/or academic program: ☐ Yes ☐ No
Advisor / Guidance Counselor at current school: _____
Address: _____ Phone: _____

PARENT INFORMATION:

Parent / Guardian Name: _____ Phone number: _____
Email address: _____ Is parent address the same as student? ☐ Yes ☐ No

FINANCIAL INFORMATION:

Do you have a Medicaid Waiver? ☐ Yes ☐ No If yes: ☐ Individual Options ☐ SELF ☐ Level One ☐ Other

RELEASE OF INFORMATION / VERIFICATION

I hereby authorize Creative Transitions to obtain documentation from any high school or college that I have attended and/or agency program in which I have participated.

APPLICANT SIGNATURE: _____
Is applicant his/her own guardian? ☐ Yes ☐ No
If not, LEGAL GUARDIAN SIGNATURE: _____

www.MedinaCreativeHousing.com

Office use only:

Date & time received: _____ Staff initials: _____