



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: _____