



THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY
ESCNJ Adult Community Services (ACS) PROGRAM

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

Date of Birth: _____

Race: _____ Ethnicity: _____

Do you receive Medicaid, SSI or SSD? If so please provide number:

Medicaid: _____

SSI: _____

SSD: _____

Are you your own guardian? Yes No
If no, who is your guardian? _____

Primary Care Physician: _____

Address: _____

Phone Number: _____

PARENT/GUARDIAN INFORMATION

Guardian/Parent: _____

Does the participant live with you? Yes No

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

Work phone: _____



Guardian/Parent: _____
Does the participant live with you? **Yes** **No**

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

Work phone: _____

EMERGENCY CONTACT

Emergency Contact: _____ Relationship to you: _____

Address: _____

Phone Number: _____

SUPPORT COORDINATION INFORMATION

Name: _____ Agency: _____

Phone Number: _____ Email: _____

PARTICIPANT ELIGIBILITY

Are you 21 years or older? _____

Are you registered with the Department of Developmental Disabilities? Yes No

Are you diagnosed with an intellectual or developmental disability or neurological or perceptual impairment along with any of the following?

- | | | |
|--|-----|----|
| • Dual Diagnosis | Yes | No |
| • Physical Disabilities | Yes | No |
| • Vision and/or hearing impairment | Yes | No |
| • Ambulatory or with assistive devices (walker/wheelchair) | Yes | No |
| • Assistive communication Device | Yes | No |



- Do you live within 10 miles of Catchment area Yes No
- Ability to address self-care needs Yes No
- Criminal Background Yes No
(Within last five years/Megan's Law Registry)

EDUCATION

Last School Attended: _____

CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

BEHAVIORAL/CRIMINAL/PSYCHIATRIC

- | | | |
|--|-----|----|
| Physical Harm (hitting, biting, scratching, pushing, shoving? | Yes | No |
| Intimidation? | Yes | No |
| Harassment? | Yes | No |
| Verbal Abuse? | Yes | No |
| Bullying? | Yes | No |
| Sexual misconduct (Sexual harassment, Sexual assault, Criminal sexual conduct, Domestic violence, Dating violence, Public displays of affection, Stalking) | Yes | No |
| Retaliation? | Yes | No |
| Stealing? | Yes | No |
| Terroristic Threats? | Yes | No |
| Intentional Property Damage/Criminal Mischief? | Yes | No |
| Possession of Weapons? | Yes | No |
| Possession of Illegal Drugs and or drugs without a valid prescription? | Yes | No |
| Misuse of Social Media? | Yes | No |



Medical and Behavioral Health Non-compliance? Yes No

Clean from drug/alcohol abuse within 3 months? (Documentation) Yes No

Psychiatric Hospitalizations within the last 1-6 months (Documentation) Yes No

Please explain any yes answers: _____

VOCATIONAL TRAINING OR EMPLOYMENT INFORMATION

Last employer:

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

Vocational Training School Attended: _____

CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____



SKILLS AND SERVICES

What would you like to learn?

Life Skills? (Self-medicating, Computer, cooking, crossing the street, washing hands, etc)

What life skills?

Safety in home and community? (Crossing the street, taking the bus, using the microwave)

What safety skills?

Communication Skills? (PECS, Augmentative device, sign language)

What Communication skills?

Pre-vocational Skills toward future employment? (Computers, folding clothes, packing items, making crafts, cooking, service)

What prevocational skills?

What type of leisure skills would you like to learn? Singing, dancing, playing sports, etc.

What Leisure skills?

Signature: participant/guardian:

Date: _____

Signature: Participant/guardian:

Date: _____

*Approved: October 4th, 2023
Revised:*