

## Core Program Application

### Eligible individuals must be:

1. Between the ages of 18-30
2. Currently receiving clinical treatment for a major mood disorder (e.g. bipolar disorder, major depressive disorder) or a schizophrenia spectrum disorder (e.g. schizophrenia, schizoaffective disorder, psychosis NOS)
3. Receiving support (post-treatment) for any substance abuse/dependence (if applicable)
4. Interested in returning to school after a mental health related absence

### Fees:

Core 4-month program (approx. 15 hours/week)	\$10,000
Optional Flex program (one year, renewable)	\$2,500/year

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Please use this checklist to ensure that your application packet includes:

- The College Re-Entry Program Application
- A detailed, current (within 90 days) psychosocial history from a therapist or other mental health provider
- A current (within 90 days) psychiatric assessment from a psychiatrist
- Unofficial transcripts from schools attended (if possible)

Your application materials may be submitted via fax, email ([info@collegereentry.org](mailto:info@collegereentry.org)), or mail, and will not be reviewed until all documents are received. Please feel free to contact us with any questions or concerns about the application process.

Returning to school after any prolonged absence can be scary, but you have taken the first step toward achieving your academic goals by reaching out for help. Congratulations on how far you have already come. We look forward to reviewing your application.

Thank you,

The College Re-Entry Team

## **Core Program Application**

### **Contact information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F Social Security #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Permanent Address:**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Referral**

How did you hear about our program?

Name/Organization: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Educational History:**

When did you start college? \_\_\_\_\_

How many semesters/classes have you completed? \_\_\_\_\_

Where are/were you enrolled? \_\_\_\_\_

What was your major? \_\_\_\_\_

If not currently enrolled, when did you leave school? \_\_\_\_\_

Did you take a medical leave of absence? \_\_\_\_\_

Can you provide unofficial/digital transcripts for the courses you completed? \_\_\_\_\_

Who or what department was your last point of contact at your school? \_\_\_\_\_

Do you want to go back to your prior university or are you open to transferring to a local university? \_\_\_\_\_

**Educational Goals**

What are your academic/career goals (if you know)?

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What can we do to help you achieve your goals?

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The Core program is a commitment of three days per week and is most helpful to students who are able to focus fully on the requirements of the program. What makes this the right time for you to join CRE?

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**Employment/Volunteer History:**

Please list your full employment history, including volunteer work:

Dates	Employer	Title/ Type of work	Hours per week

Notes:

**Medical Alerts:**

Please list any medical conditions or allergies that we should be aware of:

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**Psychiatric History:**

When did you first experience symptoms of your mental health condition? \_\_\_\_\_

When did you first seek help for these symptoms? \_\_\_\_\_

Are you currently or have you recently been in a psychiatric day treatment program?

Yes       No      If yes, where? \_\_\_\_\_

Do you currently see a psychiatrist, therapist, and/or counselor?       Yes       No

If yes, are they in the New York Area?       Yes       No

Do you currently take any psychotropic medication?       Yes       No

Please list all current mental health providers:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we speak to this provider?       Yes       No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we speak to this provider?       Yes       No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we speak to this provider?       Yes       No

**Substance Abuse History:**

Do you have a history of alcohol or drug abuse?

Alcohol:       Yes       No      Drugs :       Yes       No

Have you ever been in treatment for an alcohol or drug problem?       Yes       No

If applicable, are you interested in entering treatment or joining a support group for alcohol and/or drug abuse?  Yes  No

If an alcohol and/or drug abuse history exists, please elaborate:

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**Legal History:**

Have you ever been convicted of a crime?  Yes  No

Do you have any history of violent behavior?  Yes  No

If yes, please provide details:

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Thank you for applying to the College Re-Entry Program. We will be in touch shortly.

I have attached the required documents listed on the front page of this application

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not completed by applicant, please list the name and relationship of the person who filled out this form.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## WHAT TO EXPECT DURING THE APPLICATION PROCESS

