

APPLICATION FOR ACCOMMODATIONS AND SERVICES

The Center For Students with Disabilities works in partnership with York's faculty, staff, and students to ensure that all aspects of student life are accessible, equitable, and inclusive of individuals with disabilities.

York values diversity and inclusion within its campus community and seeks to provide an affirming environment for all its students. The Center for Students with Disabilities (CSD) provides the opportunity for you to disclose your disability status, as well as to request any needed accommodations or services. You are an important part of York and we are here to support you in your success.

STUDENT INFORMATION

Last Name:		First Name:	
CUNYfirst ID:		Preferred Name:	
Date of Birth:		Pronouns:	
Current Address:			
City:	State:	ZIP Code:	
Phone# (Home):		Phone# (Cell):	
York E-mail:		E-mail:	

EMERGENCY CONTACT

Name:		Relationship:
Address: ☐ Same as above		Phone:
City:	State:	ZIP Code:

EDUCATION INFORMATION

Major or Program:			
Student Status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior		☐ Matriculated ☐ Non-Matriculated	
First Term at York College: ☐ Fall____ ☐ Spring____ ☐ Summer____ ☐ Winter____			
Expected Graduation Date: _____/_____/_____			
☐ High School or ☐ TASC Program:			
Diploma Received: ☐ New York State ☐ Regents Diploma ☐ NYS High School Equivalency			
☐ Other:		Graduation Date: _____/_____/_____	
Please tell us what accommodations you received in your high school or equivalent program:			
If you transferred to York College, please tell us what college or university you previously attended:			
Please tell us what accommodations you received at your previous college or university:			

DISABILITY INFORMATION

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend or participate in college life.

1. Please indicate your disability. Check all that apply:

☐ Attention Deficit Hyperactivity Disorder (ADHD) (ADD)

☐ Autism Spectrum Disorder

☐ Deaf or Hard of Hearing

☐ Intellectual Disability

☐ Learning Disability

☐ Traumatic Brain Injury (TBI)

☐ Visual Impairment or Blindness

☐ Communication Disorders or Speech Impairments

Please specify: _____

☐ Chronic Medical Condition

Please specify: _____

☐ Motor Disorders

Please specify: _____

☐ Neurological Impairments

Please specify: _____

☐ Physical Disability (Mobility Impairment)

Please specify: _____

☐ Psychiatric or Psychological Disability

Please specify: _____

☐ Temporary Injury or Condition

Please specify: _____

☐ Other Conditions

Please specify: _____

2. Check all that apply:

☐ I use an assistive mobility device:

☐ Cane

☐ Braces

☐ Crutches

☐ Prosthesis

☐ Wheel Chair

☐ Other _____

☐ I wear a hearing aid

☐ I need to read lips of instructors

☐ I rely on sign language interpreting services

☐ I have difficulty reading from the blackboard

☐ I have difficulty writing

☐ I have difficulty taking notes in class

☐ I have difficulty standing for long periods of time

☐ I tire easily when I walk distances

☐ I have difficulty walking up/down stairs

☐ I utilize assistive technology

Please specify: _____

3. Are you currently taking any medication related to your disability or medical condition? ☐ Yes ☐ No

If yes, list all of the medication you are taking: _____

If yes, list any side-effects caused by the medication that you are taking and their impact on your academic or cognitive abilities and other activities: _____

AGENCY INFORMATION

1. Do you receive services from any of the following agencies:

- ☐ Ticket to Work Program
- ☐ Recordings for Blind & Dyslexic (RFB&D)
- ☐ Vocational Rehabilitation & Employment Services (VR&E) – Veterans Affairs
- ☐ New York State Commission for the Blind (NYSCB)
- ☐ Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR)
- ☐ Other: _____

If yes, please provide the following information:

Contact's Name: _____ Phone: _____

Address: _____

Services currently being received: _____

Contact's Name: _____ Phone: _____

Address: _____

Services currently being received: _____

Contact's Name: _____ Phone: _____

Address: _____

Services currently being received: _____

Contact's Name: _____ Phone: _____

Address: _____

Services currently being received: _____

VOTER REGISTRATION

Under the National Voter Registration Act (NYRA) of 1993, the Center for Students with Disabilities (CSD) is an Agency-Based Voter Registration Site where students with disabilities are provided with registration opportunities when applying for services or assistance.

The CSD office offers students information, voter registration application forms and the opportunity to register to vote today and each time you visit the office. However, you must meet the following qualifications in order to Register to Vote:

- be a United States Citizen
- not claim the right to vote elsewhere
- not be in prison or on parole for a felony conviction
- not be adjudged mentally incompetent by a court
- live at your present address at least 30 days before an election
- be 18 years old by December 31 of the year in which you file this form

(note: you must be 18 years old by the date of the general, primary or other election in which you want to vote)

Are you a registered voter? ☐ Yes ☐ No

If no, do you wish to register to vote? ☐ Yes ☐ No

FINANCIAL INFORMATION

Have you completed the **FAFSA** application for the current academic year? ☐ Yes ☐ No

Have you completed the **TAP** application for the current academic year? ☐ Yes ☐ No

Are you receiving any of the following:

☐ Social Security Disability Insurance (SSDI)

☐ Supplemental Security Income (SSI)

☐ Other: _____

How do you plan to pay for your tuition/books? Check all that apply

☐ Pell Grant

☐ Employer/Union Tuition Reimbursement

☐ TAP Award

☐ Military or Veterans Benefits

☐ Federal or State Loan

☐ Social Security Benefits

☐ Private Loan

☐ NYSCB

☐ Out-of-pocket

☐ ACCES-VR

☐ Parents/Family Member

☐ Not sure

☐ Scholarships:

☐ Other, please explain:

ADDITIONAL STUDENT INFORMATION

Are you part of any other campus programs? ☐ Yes ☐ No

If yes, which ones: _____

How do you travel to campus?:

☐ Access-A-Ride

☐ Bus/Subway

☐ Car

☐ Walking

☐ Rail/Train

Have you ever been enlisted in any branch of the US military?

☐ Yes ☐ No If yes, which one: _____

Status: ☐ Active Duty ☐ Reserve ☐ National Guard ☐ Veteran

DEMOGRAPHICS

Race/Ethnicity (Please check):

☐ African American/Black

☐ Asian

☐ Caucasian/White

☐ Hispanic/Latino

☐ American Indian or Alaska Native

☐ Other:

☐ Multiracial

☐ Unknown

☐ Native Hawaiian or Pacific Islander

☐ Prefer not to answer

Thank you for applying to receive services from the Center for Students with Disabilities

When you have completed this form, please submit it to our Secure Document upload portal on [our website](#).

A CSD staff member will then contact you to schedule an appointment.

If you have any questions, please call us at (718) 262-2191, e-mail us at CSD@york.cuny.edu, or visit our office in

Room 1G02 in the Academic Core building. We look forward to meeting you!