



# PHYSICAL DISABILITIES SERVICES APPLICATION

## Eastern Wyoming College Disability Support Services

Counseling Office • Debbie Ochsner, Director • Activities Center 268

[debbie.ochsner@ewc.wy.edu](mailto:debbie.ochsner@ewc.wy.edu) • 307-532-8238

This application is designed to gather information and determine eligibility for services, for students with disabilities that commonly affect physical functioning. Examples include mobility impairments, multiple sclerosis, cerebral palsy, chemical sensitivities, spinal cord injuries, cancer, AIDS, speech disorders, muscular dystrophy, hand function limitations, spina bifida, deaf/hard of hearing, or blind/low vision or other medical conditions. Please complete this form carefully and completely. If you have any questions regarding application items, contact the Counseling Office.

**If you need this application provided in an alternative format (e.g. taped, enlarged, on disk) or need assistance completing the application, contact the Counseling Office.**

### General Information:

Name: \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_\_ Local /Cell Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip

Permanent Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip

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

Applying for services beginning: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

### Academic Status:

Present Academic Status:

\_\_\_\_\_ College Sophomore \_\_\_\_\_ H. S. Student

\_\_\_\_\_ College Freshman \_\_\_\_\_ GED Recipient

### High School Information:

High School attending or attended: \_\_\_\_\_

What is/was your high school cumulative grade point average: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College Information:

Current cumulative grade point average: \_\_\_\_\_ Major: \_\_\_\_\_

Number of credits enrolled in this semester: \_\_\_\_\_

Transfer Student Information:

College transferred from: \_\_\_\_\_

Agency Affiliation:

Do you work with:

1. Division of Vocational Rehabilitation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", please note the name/phone number of your counselor.  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
2. Services for the Visually Impaired? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", please note the name/phone number of your counselor.  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
3. VA Vocational Rehabilitation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", please note the name/phone number of your counselor.  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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**Disability Information:**

Physical Disability (diagnosis): \_\_\_\_\_ Date of onset: \_\_\_\_\_

Use these lines to explain the diagnosis in more detail (anything that will help determine appropriate services):

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**To determine your eligibility for services from EWC Disability Support Services, this application must be accompanied by documentation which includes a diagnosis of the condition you indicated and the extent to which the condition limits major life activities, such as learning, seeing, hearing, breathing, walking, speaking, caring for one's self, performing manual tasks, or working. It would also be helpful to receive copies of reports which reflect the kind of services or accommodations which have been provided or recommended to date. See enclosed Documentation Guidelines.**

What accommodations do you anticipate needing to ensure equal access to EWC's programs and services?

- \_\_\_\_\_ Printed materials in alternative format (e.g. electronic text, digitally recorded materials, etc.)
- \_\_\_\_\_ Test Taking Accommodations (e.g. extended time, 'read' exams, use of a computer, use of a scribe, enlarged tests, etc.)
- \_\_\_\_\_ Volunteer Note-takers
- \_\_\_\_\_ Orientation to Adapted Computers (e.g. screen readers, screen enlargement software, alternative keyboards, etc.)

- \_\_\_\_\_ CD Player Loan (for use with RFB&D disks)
  - \_\_\_\_\_ Assistive Listening Systems
  - \_\_\_\_\_ Advocacy Services with instructors or other campus programs and/or staff
  - \_\_\_\_\_ Handicapped Parking Referral
  - \_\_\_\_\_ Written assignment (in class) accommodations
  - \_\_\_\_\_ Oral class participation modifications
  - \_\_\_\_\_ Other (please describe) \_\_\_\_\_
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What type of referral information do you anticipate would be helpful to you?

- \_\_\_\_\_ Help in preparing papers
  - \_\_\_\_\_ Word Processing Training
  - \_\_\_\_\_ Study Skills Assistance
  - \_\_\_\_\_ Tutoring Services
  - \_\_\_\_\_ Getting more information about my disability, or diagnostic (testing) services
  - \_\_\_\_\_ Other (please describe) \_\_\_\_\_
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Do you plan to live on campus? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", do you anticipate needing accommodations in your residence hall room or campus apartment (e.g. wheelchair accessibility, modifications to accommodate a hearing impairment, etc.)? If so, it is important that you apply for housing as early as possible. Be sure to state on your housing application what your disability is and what accommodations will be necessary. It is a good idea to visit campus in advance and ask Residence Life and Dining Services to show you an open room or apartment like one to which you would be assigned.

Applicants with Mobility Impairments:

Do you use any mobility aids (e.g. wheelchair, power cart, crutches, braces, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have difficulty negotiating stairs? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please describe \_\_\_\_\_

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Will you use a personal care attendant? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any other disability or condition we should know about? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe

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I certify that the information on this application is accurate and complete to the best of my knowledge. I hereby authorize the EWC Disability Support Services program to obtain information from my educational record that may be pertinent to my participation in the program (i.e. high school and college transcripts, entrance test scores, semester and cumulative grades, etc.). I also authorize DSS to communicate with other SEO or EWC staff and with my EWC instructors on matters pertinent to my disability and services needed through DSS and SEO.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information you provide on this form will not be shared with anyone outside of Eastern Wyoming College without your permission. One agency that commonly shares information and services with DSS is listed below. Please review the statement and sign it if you would permit us to share information with this agency.

I hereby request that the Division of Vocational Rehabilitation work with DSS and authorize information-sharing between DVR and DSS upon request of either agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**  
Eastern Wyoming College Disability Support Services  
Counseling and Testing Office  
3200 West C Street  
Torrington, WY 82240  
Phone: 307.532.8238 ♦ Fax: 307.532.8222