



DEPARTMENT OF SUPPORTIVE PROGRAMS & SERVICES
DSPS

Application for Services

By completing this form, I am applying for Department of Supportive Programs & Services

PLEASE PRINT IN INK

Form fields for personal information: LAST NAME, FIRST, MIDDLE, STREET ADDRESS, CITY, STATE, ZIP, HOME TELEPHONE, CELL TELEPHONE, WORK TELEPHONE, STUDENT ID #, DOB, and gender options (MALE/FEMALE).

DISABILITY (IES) PRIMARY SECONDARY

HOW DO YOU BELIEVE THAT YOUR DISABILITY IMPACTS YOUR EDUCATIONAL PARTICIPATION?

Three horizontal lines for providing a response to the disability impact question.

WHO REFERRED YOU TO DSPS

ARE YOU A CLIENT OF:

Client status options: California State of Rehabilitation, Alta California Regional Center, and A private rehabilitation agency, each with Yes/No checkboxes and telephone number fields.

DO YOU RECEIVE SERVICES/ ASSISTANCE FROM:

Service/assistance options: SSI/SSD, SSC Financial Aid/Scholarship, EOP&S, CalWORKS, and Veteran's Administration, each with Yes/No checkboxes.

DEPARTMENT OF SUPPORTIVE PROGRAMS & SERVICES  
Application for Services

<u>BY COMPLETING THIS FORM, I AM APPLYING FOR DSPS</u>		
NAME _____		
LAST	FIRST	MIDDLE
STUDENT ID _____	S.S.N. _____	
TELEPHONE _____	DATE _____	

STUDENTS RIGHTS AND RESPONSIBILITIES  
RIGHTS

1. My participation in the DSPS shall be entirely voluntary.
2. Receiving support services or instruction through DSPS shall not preclude me from also participating in any other course, program, or activity offered by the College or from receiving basic accommodations required by state and federal law.
3. All records maintained by DSPS personnel pertaining to my disability(s) shall be protected from disclosure and shall be subject to all other requirements pertaining to the handling of student's records.

NOTE: Authorities cited: Title 5 C.C.R. Section 56000 ET. Seq., Education Code Sections 66701, 67312, 70901, 84850.

RESPONSIBILITIES

4. I will provide DSPS with the necessary information, documentation and/or forms as required (medical, educational, etc.) to verify my disability.
5. I will meet with a DSPS professional to complete a Student Educational Contract (SEC) every academic year.
6. I will use DSPS in a responsible manner.
7. I will comply with the Student Code of Conduct adopted by the College.

I understand and agree to the above Students Rights and Responsibilities and I will abide by them. I give permission for the DSPS staff to discuss my educational situation with the other professionals who have a legitimate educational need to know.

---

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Woodland Community College

Main Campus: 2300 E. Gibson Road, Rm 764, Woodland, CA 95776 Ph: (530) 661-5797 Fax:  
(530) 661-5786

Colusa County Outreach Facility: 99 Ella Street, Williams, CA 95987 Ph: (530) 668-2500 Fax:  
(530) 661-5786

---