



**TRUMBULL COUNTY**

**BOARD OF  
DEVELOPMENTAL DISABILITIES**

*Their Journey, Their Needs, Our Support.*

**The Fairhaven School**  
420 Lincoln Way || Niles, OH || 44446  
Phone: 330.652.5811 || Fax: 330.652.5864  
[www.tcbdd.org](http://www.tcbdd.org)

**APPLICATION FOR VOCATIONAL (C.I.T.E.) SERVICES**

**A. CONTACT INFORMATION**

Shirt Size: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What school district does your son or daughter attend? \_\_\_\_\_

**B. BACKGROUND INFORMATION**

1. Mark an area of interest of your son or daughter:

- Housekeeping       Warehouse Setting       Dietary       Pre-vocational Skills

2. Does your son or daughter have any prior work experience? This will include home chores, duties in the community, and classroom activities?

\_\_\_\_\_

3. Does your son or daughter require any nursing or medical needs? If YES please explain below.

\_\_\_\_\_

4. Does your son or daughter have any behavioral issues? If YES please explain below.

\_\_\_\_\_

5. Has your son or daughter participated in the Career Assessment at Trumbull Career & Technical Center?

- YES       NO

6. Have you participated in this program previously or applied for services?

- YES       NO

By signing this application, you understand that this application does not mean acceptance into the C.I.T.E. Program. This application indicates you are interested in services. If your son or daughter is accepted into the program, contact will be made by the TCBDD Transition Coordinator, Jessica Mazei. Contact will be made with the school district to coordinate additional information needed.

SIGNATURE OF PARENT AND/OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_