

LOS ANGELES TRADE TECHNICAL COLLEGE

VETERANS INTAKE QUESTIONNAIRE

The purpose of this questionnaire is to identify the resources and services needed to help Students reach their educational goal.

1. PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE	
DATE OF BIRTH <i>(mm/dd/yy)</i>		PHONE #		SEX	<input type="checkbox"/> M <input type="checkbox"/> F
STUDENT ID		EMAIL			

2. MILITARY AND BENEFITS INFORMATION

MILITARY BRANCH AIR FORCE ARMY COAST GUARD MARINES NAVY RESERVES DEPENDENT

HAVE YOU APPLIED FOR VA BENEFITS? YES NO

WILL YOU BE USING VA BENEFITS WHILE ATTENDING LAVC? YES NO

DATE DISCHARGED FROM THE MILITARY _____ DO YOU HAVE YOUR DD-214 YES NO

3. EMPLOYMENT INFORMATION

ARE YOU CURRENTLY WORKING? YES NO

IF YES, FULL TIME PART TIME (<20 HOURS) IF NOT, ARE YOU LOOKING FOR EMPLOYMENT? YES NO

4. SERVICE CONNECTED DISABILITY

DO YOU HAVE ANY SERVICE-CONNECTED DISABILITY? YES NO

HAVE YOU APPLIED FOR VA DISABILITY COMPENSATION? YES NO

DO YOU NEED IN-CLASS ACCOMODATION FOR A DISABILITY? YES NO

5. HOUSING

<p>I LIVE WITH :</p> <p><input type="checkbox"/> ALONE <input type="checkbox"/> FRIEND <input type="checkbox"/> PARENTS <input type="checkbox"/> ROOMMATE</p> <p><input type="checkbox"/> SPOUSE/SIGNIFICANT OTHER <input type="checkbox"/> OTHER _____</p>	<p>LOCATION:</p> <p><input type="checkbox"/> APARTMENT <input type="checkbox"/> HOUSE <input type="checkbox"/> ROOM <input type="checkbox"/> OTHER _____</p> <p><input type="checkbox"/> OWN <input type="checkbox"/> RENT</p>
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6. SERVICES

<p><i>(Check all that apply)</i></p> <p><input type="checkbox"/> VETERANS CLUB</p> <p><input type="checkbox"/> COMMUNITY RESOURCES</p> <p><input type="checkbox"/> SCHOLARSHIPS</p> <p><input type="checkbox"/> EMPLOYMENT</p> <p><input type="checkbox"/> MENTAL HEALTH/COUNSELING</p> <p><input type="checkbox"/> TUTORING: <input type="checkbox"/> MATH <input type="checkbox"/> ENGLISH</p> <p><input type="checkbox"/> TRANSFER</p> <p><input type="checkbox"/> CAREER GUIDANCE</p>	<p><i>(Check all that apply)</i></p> <p><input type="checkbox"/> WORKSHOPS :</p> <p><input type="checkbox"/> TIME MANAGEMENT <input type="checkbox"/> MENTAL SKILLS <input type="checkbox"/> TEST ANXIETY</p> <p><input type="checkbox"/> STUDENT SUCCESS <input type="checkbox"/> ANGER MANAGEMENT <input type="checkbox"/> STUDY SKILLS</p> <p><input type="checkbox"/> RESUME WRITING <input type="checkbox"/> FINANCIAL AID <input type="checkbox"/> TRIO <input type="checkbox"/> PUENTE</p> <p><input type="checkbox"/> TAP (Transfer Alliance/Honors Program)</p> <p><input type="checkbox"/> EOPS (Extended Opportunity Program s& Services)</p> <p><input type="checkbox"/> SSD (Services for Student with Disabilities)</p> <p><input type="checkbox"/> OTHER _____</p>
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I acknowledge that my responses will be used to provide me with information about college programs and services and outside resources.

Student Name

Student Signature

Date