



**PERSONAL INFORMATION**

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

Student ID: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Birthday: \_\_\_\_\_ Opt. in for text messages:  Yes  No Opt.in for monthly meal tickets  Yes  No

Major: \_\_\_\_\_ Educational Goal: \_\_\_\_\_

**STUDENT BACKGROUND**

**My family household includes:**

Name	Dependent age	Relation (i.e. self, son, daughter)

I am receiving:  TANF (Cash Aid)  CalWORKs **CALWORKS/TANF Duration :** \_\_\_\_\_

I am employed:  Yes  No **Marital Status:**  Single  Divorced  Separated  Head of household

Are you a recipient of Financial Aid:  Yes  No

**SUPPORT SERVICES & REFERRALS**

*Please check off any of the following you would like to receive more information about:*

Transfer Counseling  Personal Counseling  School Supplies  Career/Job Readiness  Parenting tips & Support

Tutoring  Housing  Financial Literacy  Child Care  Transportation  Housing Assistance  Peer Mentoring

Mental Health Wellness  Health & Wellness Services  CalFresh  Emergency Food Support

Other: \_\_\_\_\_

**I certify that the above information is true and accurate to the best of my knowledge:**

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

\_\_\_\_\_  
Date