

Program Intake Application

PART A: GENERAL INFORMATION

Name (Last, First):		W#:
Preferred Name (if different from above):		Social Security Number:
Phone Number where we can contact you: () _____ - _____		Birthday: ____/____/____
Email Address:		
Current address:		
Emergency Contact Name:	Phone:	Relationship:

PART B: FAMILY INFORMATION

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other:		Children: <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YOU HAVE CHILDREN:		
Last/First Name of Child:	Date of Birth:	
Last/First Name of Child:	Date of Birth:	
Last/First Name of Child:	Date of Birth:	
Last/First Name of Child:	Date of Birth:	
Last/First Name of Child:	Date of Birth:	
Last/First Name of Child:	Date of Birth:	

PART C: EDUCATION INFORMATION

<input type="checkbox"/> High school Diploma <input type="checkbox"/> GED <input type="checkbox"/> First Time College Student <input type="checkbox"/> Returning to College <input type="checkbox"/> Continuing Student		
Highest Grade Completed:	Career Goal:	Intended Major:

List all colleges attended (including Las Positas College)

College Name	City/State or Country	Dates Attended (Month/Year)	Degree(s) Earned

Were you ever enrolled in special education courses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Learning Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PART D: EMPLOYMENT HISTORY

Part 1: Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to part 2)		How long have you been employed?
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Subsidized		Hours per week:
Employer Name:	Your job title:	
Part 2: Last Date of Employment:	Are you currently looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you unable to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	Any other income? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART E: CALWORKS INFORMATION

Current CalWORKs Participant? ☐ Yes ☐ No

Case Number:	Time on Aid (Months):	Hourly Requirement:	Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Counselor Name:		Employment Counselor Phone:	
Employment Counselor Email:			

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PART F: SUPPORTIVE SERVICES

Check all, if any, benefits have you received over the last 30 days?

- ☐ CalFresh (Foodstamps) ☐ Medi-Cal health insurance ☐ WIC (Nutrition for Women, Infants, & Children) ☐ CalWORKs/TANF
☐ Section 8 Public Housing, or other rental assistance ☐ Other benefits (please list):

Are you currently using Social Services for:

- ☐ Family counseling ☐ Personal counseling ☐ Domestic Violence Counseling ☐ Other:

For the purpose of program planning and job placement please answer the next question:

Have you ever been arrested? ☐ Yes ☐ No If yes, what type of arrest? ☐ Felony ☐ Misdemeanor

Major Current/Former Barriers to your Academic Success (Check all that apply):

- ☐ Childcare ☐ Poor study habits ☐ Health problems ☐ Lack of family support ☐ No privacy ☐ Transportation
☐ Relationship problems ☐ Lack of Confidence ☐ Worried about paying for school ☐ Identified learning Disability
☐ Don't know where to go on campus ☐ Mental health challenges ☐ Difficulty progressing/passing classes
☐ Trouble paying attention in class ☐ Housing ☐ Trouble asking for help ☐ Embarrassed about my level of understanding

What services would you like to use while on campus?

- ☐ Childcare ☐ Mental health services ☐ Disability Resource Center ☐ Student clubs ☐ Applying to a University
☐ Career Exploration ☐ Athletics ☐ Mentorship Program ☐ Learning Community ☐ Tutoring ☐ Other

PART G: OTHER

Are you currently in foster care or have you ever been in foster care at any point in your lifetime? ☐ Yes ☐ No

Housing Status:

- ☐ Literally homeless ☐ Unstably housed ☐ At-risk of losing housing ☐ Stably Housed ☐ Relative ☐ Foster Home ☐ Other

English as a Second Language? ☐ Yes ☐ No

Veteran? ☐ Yes ☐ No

PART I: AUTHORIZATION

- ☐ I hereby authorize Las Positas College CalWORKs Program to provide my student education information with all college departments and college officials in seeking supportive services and certify under penalty of perjury that to the best of my knowledge, ALL of the above statements are correct and complete.

- ☐ I hereby authorize Las Positas College CalWORKs program to sign me up for Remind.com Text alerts

- ☐ I hereby authorize Las Positas College CalWORKs program to print my first name only in associated program publications (i.e. newsletters, website, recognition programs) to recognize my accomplishments.

- ☐ I give permission to have the Las Positas College CalWORKs program area to contact outside entities tied to your case to access any documentation required to verify your foster youth and/or homeless status in order to receive appropriate campus benefits.

Signature of applicant:

Date: