



**Rising to Success PATHWAYS
Student Intake Form**

CSID: _____ DOB: _____
Campus/Site: _____
Term: _____ FT PT
Program: _____
Course (s): _____
Instructor: _____
Preferred Language: _____

Name _____
Last First MI

Address _____

Telephone _____ Email _____

Emergency Contact: _____ Telephone: _____

Relationship: _____ Email: _____

Gender (Check One)

Female Male Other: _____ Decline to State:

Preferred Gender Pronouns: _____

Ethnicity (Check all that Apply)

- | | |
|---|---|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> White |
| <input type="checkbox"/> Latino | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Other Non-White | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> More than two | <input type="checkbox"/> Decline to State |

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Low-Income | <input type="checkbox"/> Homeless (includes transitional housing) |
| <input type="checkbox"/> Underemployed/ Unemployed | <input type="checkbox"/> Former Foster Youth |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Formerly Incarcerated |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> LGTBQ+ |
| <input type="checkbox"/> CalWORKs/TANF | <input type="checkbox"/> CalFRESH/SNAP Only |

Families with Children: Are you eligible for free/reduced lunch program? Yes No
Are you currently on Medi-cal or Medi-care? Yes No

Source of Income (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> TANF/ CalWORKS | <input type="checkbox"/> Employment or Self-Employed |
| <input type="checkbox"/> Social Security and/or Retirement | <input type="checkbox"/> Spousal or Child Support |
| <input type="checkbox"/> State Disability or Unemployment | <input type="checkbox"/> Other _____ |

What is your total annual household income? (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Family Size of 1 \$18,210 or less | <input type="checkbox"/> Family Size of 5 \$44,130 or less |
| <input type="checkbox"/> Family Size of 2 \$24,690 or less | <input type="checkbox"/> Family Size of 6 \$50,610 or less |
| <input type="checkbox"/> Family Size of 3 \$31,170 or less | <input type="checkbox"/> Family Size of 7 \$57,090 or less |
| <input type="checkbox"/> Family Size of 4 \$37,650 or less | <input type="checkbox"/> Family Size of 8 \$63,570 or less |

For each additional family member add \$6,480_____

What is the highest level of education you have completed? (Check all that Apply)

- | | |
|---|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> CTE/Vocational Training School |
| <input type="checkbox"/> High School Diploma/ GED | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Continuing Education Course(s) | <input type="checkbox"/> College Degree or Higher |

Employment History

Employer	Position	Employed	Reason for Leaving
Describe any work experience and/or skills?			

Are you actively looking for work? YES NO | PART TIME FULL TIME

Educational Goal: _____

Career Goal: _____

I certify that the information I have provided on the Student Intake Form, to the best of my ability is true and correct.

Signature: _____ Date: _____

Print Name: _____ Staff Initials: _____