



Fresh Success Intake Form

Information on this form will be kept confidential. It will be used to help you succeed and to measure how effective Fresh Success is. Please note items with an asterisk (*) are required pieces of information.

Participant Information:

*First Name: _____

Middle Name: _____

*Last Name: _____

Other Names Used: _____

*Gender: ☐ Male ☐ Female ☐ Other/Decline to State

*SSN: _____ *Date of Birth: _____

Email: _____

Home phone: _____ Mobile Phone: _____

Contact Preference: ☐ Email ☐ Home Phone ☐ Mobile Phone

Mailing Address: _____

City: _____ Zip Code: _____

1. *Do you speak English as a Second Language? ☐ Yes ☐ No

2. *Which category best describes your race? (Mark one or more categories)

☐ American Indian or Alaska

☐ White

Native

☐ Native Hawaiian or Other

☐ Black or African American

Pacific Islander

☐ Asian

3. *Are you of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

CalFresh and Fresh Success:

1. Are you currently receiving CalFresh? ☐ Yes ☐ No

If yes, in which county are you receiving benefits? _____



Fresh Success is funded in part by the United States Department of Agriculture. USDA is an equal opportunity provider, employer, and lender.

2. Did you enroll in CalFresh, or do you plan to enroll in CalFresh, because of this Fresh Success opportunity? ☐ Yes ☐ No

3. How did you learn about Fresh Success? (Mark one box only)

☐ [College Name] Participant ☐ Friend/Family Member

☐ [College Name] Employee or Program (name?) _____

☐ Community Organization (name?) _____

☐ Flyer ☐ Website (which?) _____

☐ County CalFresh Program ☐ Other (specify) _____

Additional Information

4. What is your major or program? _____

5. Do any of the following describe you? (Mark all that apply)

☐ Veteran

☐ Formerly incarcerated*

☐ Timed-Out TANF (CalWORKs)

☐ Single parent

☐ Homeless

☐ Current or former foster youth

☐ Person with disabilities

☐ Other

* Note: If you were incarcerated, some career paths may offer fewer job opportunities. Please let us know your status so that we can help guide you to the most promising careers.

6. How many dependents do you have? ☐ None ☐ 1 or more

7. *Did you graduate from High School or receive a High School Equivalency Certificate (such as the GED)? ☐ Yes ☐ No

Signature:

I certify that the above information is accurate. I agree to participate in the Fresh Success program if I am determined to be eligible for it.

Signature: _____ Date: _____

Upon Completion, Please email this form to Wendy Nahuat at
wnahuat@valleycollege.edu

For office use only:

Date form received: _____ ☐ County ID (if available): _____

☐ Assessment made on _____ (date) by _____ (name of staff)

☐ All assessment materials have been collected.

☐ Assessment indicates that participant has skills, interest, and capacity to benefit from Fresh Success. Pre-Enrollment Form will be completed only after Fresh Success-based eligibility has been determined.

☐ Assessment indicates that participant is not appropriate for Fresh Success.



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Fresh Success Assessment



1. Are you receiving assistance in any of the following areas from a college or other assistance program? Please mark all that apply.

☐ CalWORKs/TANF

☐ Health services

☐ Basic skills classes
(reading/writing/math)

☐ English language skills

☐ Academic counseling

☐ Tutoring

☐ Veteran's services

Career/job help

☐ One-Stop Career Center

☐ Career planning

☐ Job placement assistance

Help with the costs of

☐ Childcare

☐ Housing

☐ Transportation

☐ Textbooks/course supplies

Would you like information about any of the above services? Which?

2. What is the highest grade you have completed?

☐ Below high school

☐ Some high school

☐ U.S. high school diploma

☐ GED or other high school equivalency

☐ Some college but no credential

☐ College certificate

☐ Associate degree

☐ Bachelor's degree

☐ Advanced degree

3. Are you currently working?

☐ Yes, full time

☐ Yes, part time

☐ No

4. What are your employment goals?

5. What goals do you have for improving your education or job skills?

6. Please list some of your strengths, skills, abilities, and/or interests that will help you reach your goals.

7. What gets in the way of accomplishing your goals?

8. Student Name: _____

Student E-mail Address: _____

Student ID: _____

Phone Number: _____

Upon completion, Please email this form to Wendy Nahuat at wnahuat@valleycollege.edu



Transitional Assistance

RELEASE OF INFORMATION –
CALFRESH EMPLOYMENT AND TRAINING
PROGRAM

TO: Foundation for California Community Colleges - Fresh

- ☐ I hereby authorize the above to release to San Bernardino County Human Services, information about my participation with the Foundation for California Community Colleges - Fresh Success Program
- ☐ I authorize San Bernardino County Human Services to release to the above, information related to my participation in CalFresh and the CalFresh Employment and Training (E&T) program.

I have read or had read to me the above information. This release is valid for 1 (one) year from the date signed unless I choose to revoke it.

Applicant's/recipient's name: _____

Address: _____

Birth Date: _____

Applicant's signature: _____ Date: _____

*Funding provided in part by the United States Department of Agriculture (USDA).
USDA is an Equal Opportunity Provider, Employer and Lender.*

- ☐ Yo autorizo a los mencionados arriba a compartir con los Servicios Humanos del Condado de San Bernardino, información sobre mi participación con Foundation for California Community Colleges - Fresh Success Program
- ☐ Yo autorizo a los Servicios Humanos del Condado de San Bernardino a compartir con los mencionados arriba, información relacionada con mi participación en CalFresh y el programa CalFresh Empleo y Capacitación (E&T).

Yo he leído o me han leído la información anterior. Esta autorización es válida por 1 (un) año a partir de la fecha de la firma, a menos que yo decida revocarla.

Nombre del solicitante/beneficiario: _____

Nombre de soltera: _____ Fecha de Nacimiento: _____

Dirección: _____

Firma del solicitante: _____ Fecha: _____

*Financiamiento proporcionado en parte por el Departamento de Agricultura de los Estados Unidos (USDA).
USDA es un Proveedor, Empleador y Prestamista que ofrece Igualdad de Oportunidades.*