



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)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> 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 Patricia Valenzuela at pvalenzuela@valleycollege.edu Wendy Nahuat at wnahuat@valleycollege.edu

<p>For office use only:</p> <p>Date form received: _____ <input type="checkbox"/> County ID (if available): _____</p> <p><input type="checkbox"/> Assessment made on _____ (date) by _____ (name of staff)</p> <p><input type="checkbox"/> All assessment materials have been collected.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Assessment indicates that participant is not appropriate for Fresh Success.</p>





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.

- | | | |
|---|---|--|
| <input type="checkbox"/> CalWORKs/TANF | <input type="checkbox"/> Tutoring | Help with the costs of |
| <input type="checkbox"/> Health services | <input type="checkbox"/> Veteran’s services | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Basic skills classes
(reading/writing/math) | Career/job help | <input type="checkbox"/> Housing |
| <input type="checkbox"/> English language skills | <input type="checkbox"/> One-Stop Career Center | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Academic counseling | <input type="checkbox"/> Career planning | <input type="checkbox"/> Textbooks/course supplies |
| | <input type="checkbox"/> Job placement assistance | |

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

2. What is the highest grade you have completed?

- | | |
|---|--|
| <input type="checkbox"/> Below high school | <input type="checkbox"/> College certificate |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> U.S. high school diploma | <input type="checkbox"/> Bachelor’s degree |
| <input type="checkbox"/> GED or other high school equivalency | <input type="checkbox"/> Advanced degree |
| <input type="checkbox"/> Some college but no credential | |

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 Patricia Valenzuela at pvalenzuela@valleycollege.edu OR Wendy Nahuat at wnahuat@valleycollege.edu