



# GAVILAN COLLEGE

## CalWORKs Intake Form

**Personal Information**

Date \_\_\_\_\_ Case# \_\_\_\_\_ G00 \_\_\_\_\_

Semester: Summer 20 \_\_\_\_\_ Fall 20 \_\_\_\_\_ Winter 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
Street City Zip Code

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell/Message PH#: (\_\_\_\_\_) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Marital Status: Single Married Separated

CalWORKs Case Status:  One Parent  Two Parent  I have at least one child under 2 years old

CalWORKs Worker: \_\_\_\_\_ Eligibility Worker: \_\_\_\_\_

Child's First & Last Name	Birth date	Age	Receives Cash Aid Yes/No	Childcare Provided Yes/No

**Educational Background**

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Do you have a: High School Diploma GED

High School Attended: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Colleges Attended: \_\_\_\_\_ Degree/Certificates Earned: \_\_\_\_\_

**Educational & Career Goals**

Desired major/career goal: \_\_\_\_\_

Certificate  AA/AS  Transfer To \_\_\_\_\_

**Support Services**

Were you ever in foster care?  Yes  No

Have you completed the Federal Financial Aid Application (FAFSA)?  Yes  No

Have you applied to the EOPS program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or are you interested in being assessed for a learning disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have adequate housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have adequate childcare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you bilingual in English & Spanish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you interested in working while you attend Gavilan College?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are interested in working, are you able to work up to 20 hours/week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a resume?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you prefer employment:	<input type="checkbox"/> On Campus	<input type="checkbox"/> Off

Please identify anything you feel is important for us to know about your ability to learn, work, and/or be a CalWORKs student at Gavilan College. Feel free to include barriers, strengths, resources and/or services that will be critical to your success not already mentioned above.

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**Goal Setting**

*In effort to support you and your personal and academic goals while you are a Gavilan College student please take time to answer the following questions related to specific goals while you are a Gavilan College CalWORKs student.*

**Please identify a measurable goal that you would like to accomplish within your first 3-6 months as a Gavilan College CalWORKs student:** *(Example: Enroll in general ed classes and pass with a C or better)*

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**Please identify a measurable goal that you would like to accomplish within the first year as a Gavilan College CalWORKs student:** *(Example: Secure part time employment or secure permanent housing, etc.)*

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**Please identify a measurable goal that you would like to accomplish by the end of your second or third year as a Gavilan College CalWORKs student:** *(Example: Graduate, Transfer, Secure Full Time Employment, etc.)*

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*I certify the information in this document is true and correct:*

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

\_\_\_\_\_  
Date