

Gavilan College Fresh Success Intake/Assessment

STUDENT INFORMATION

Current Semester _____ G00 _____ Case# _____

First Name _____ Middle Name _____ Last Name _____

Mailing Address: _____
Street _____ City _____ Zip Code _____

Home Phone #: (____) _____ - _____ Cell/Message PH#: (____) _____ - _____

Date of Birth: _____ Email Address: _____

EDUCATIONAL BACKGROUND

Did you graduate from High School or receive a High School Equivalency Certificate (such as the GED)?

Yes Graduation Year: _____ No

Colleges Attended: _____ Degree/Certificates Earned: _____

EDUCATION & CAREER GOALS

What is your claimed major or program? _____ Undecided

What is your career goal? _____

Are you planning on earning: Skills to Obtain Employment Certificate AA/AS Transfer

If you plan to transfer, please indicate your short-term employment goal:

Number of Units you plan on taking this term? _____

SUPPORTIVE SERVICES

Are you participating in any of these programs? (Mark all that apply)

EOPS TRiO MESA AEC Veterans Center CalWORKs

Have you applied for Financial Aid? Yes No

Are you or were you in foster care? Yes No

Do you have adequate housing? Yes No

Do you have adequate childcare? Yes No N/A

What are your main means of transportation? Bus Car Rides N/A

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Do you have a medical condition that may prevent you from being successful? Yes No

Please describe _____

Do you have mental health barriers and/or needs that may prevent you from being successful? Yes No

Please describe _____

What other support services are needed for you to be successful? (Mark all that apply)

- Child Custody/Support Criminal/Record Clearance Eviction
 Books Clothing Supplies Tools

Other _____

CURRENT EMPLOYMENT

Are you currently employed? Yes No

If you answered yes, what is your current position? _____

What is your hourly rate \$ _____ How many hours a week do you work? _____

Is your current job: Permanent (Regular) or Temporary Full Time or Part Time

FRESH SUCCESS

Are you currently receiving CalFresh benefits? Yes No

Did you enroll in CalFresh, or do you plan to enroll in CalFresh, because of this Fresh Success opportunity?

Yes No

Will the Fresh Success program help you afford college? Yes No

What do you feel will be the more important service the Fresh Success program has to offer?

- Book Voucher Transportation Assistance Rental Assistance
 Academic Counseling Student Success Workshops Job Readiness Assistance
 PG&E Assistance Minor Vehicle Repair Other _____

How did you hear about the Gavilan College Fresh Success Program?

- Student Friend/ Family Member College Employee or Program Community Organization
 Flyer/Brochure Gavilan College Website County CalFresh Program Other _____

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I certify that the above information is true and correct. I consent to the sharing of eligibility and academic information between Gavilan College Fresh Success program and the Santa Clara County CalFresh program. I may revoke this consent at any time by submitting a written request to the Gavilan College Fresh Success program. I agree to participate in the Fresh Success Program if I am determined to be eligible for it.

Signature _____

Date _____

For office use only:

- Assessment made on _____ (date) by _____ (name of staff)
- All assessment materials have been collected
- Assessment indicates that student has skills, interest and capacity to benefit from Fresh Success. Pre-Enrollment Form will be completed only after college-based eligibility has been determined.
- Assessment indicates that student is not appropriate for Fresh Success.

DEMOGRAPHICS: PLEASE CHECK ALL THAT APPLY

Does any of the following describe you? Information on this form will be kept confidential. It will be used to help you succeed and to measure how effective Fresh Success is.

1. Gender: Male Female Other _____
2. Relationship Status:
 Married Partnered Single Divorced Separated Widowed
3. How many dependents do you have? None 1 2 3 4 or more
4. Do any of the following describe you? This question is optional and will be kept confidential.
 Immigrant, Refugee or Asylum Homeless Person with disabilities Emancipated Foster Youth
 Single Parent Speak English as a Second Language Veteran
 Public Housing Resident Migrant or Seasonal Farm Worker Formerly Incarcerated*
 Timed-Out TANF (CalWORKs) 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.*

5. Are you of Hispanic, Latino, or Spanish origin? Yes No
6. Which category best describes your race? (Mark one or more categories)
 Black or African American American Indian or Alaska Native Asian
 White Native Hawaiian or Other Pacific Islander

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