



TERM: FA: _____ SP: _____ SU: _____

REFERRAL SOURCE: _____

START – Program Application

GENERAL INFORMATION

SID #: _____ Date of Birth: ____ / ____ / ____
 Last Name: _____ First Name: _____
 Address: _____ Email: _____
 City: _____ Cell Phone #: _____
 Zip: _____ Alternate Phone #: _____

FOSTER CARE BACKGROUND

PLACEMENT COUNTY:	# OF PLACEMENTS	AGE EXITED CARE:	# OF YEARS IN CARE
___ CONTRA COSTA	___ 1 - 2	___ 13 – 15	___ <1 YEAR
___ ALAMEDA	___ 3 – 5	___ 16 – 18	___ 1-3 YEARS
___ SOLANO	___ 6 – 10	___ 19 – 21	___ 4-6 YEARS
___ SAN FRANCISCO	___ MORE THAN 10	___ Still in care (AB12)	___ 7-10 YEARS
___ OTHER: _____			___ 10+ YEARS

EDUCATION HISTORY

Number of High Schools Attended: _____ High School Graduated From: _____ Year Graduated: _____

1. What was your most difficult class in high school? _____
2. What class did you enjoy most in high school? _____

EMPLOYMENT INFORMATION

- | | | |
|--|-----|----|
| 1. Are you currently employed? <i>If yes, how many hours per week?</i> _____ | YES | NO |
| 2. Will you need to work while attending school? | YES | NO |
| 3. Are you interested in working on-campus? | YES | NO |
| 4. Do you need help finding a job? | YES | NO |

COMMUNITY RESOURCES & REFERRALS

- | | | |
|---|-----|----|
| 5. Do you have children? | YES | NO |
| 6. Do you need childcare services? | YES | NO |
| 7. Are you in a transitional housing program? | YES | NO |
| 8. Do you need help finding <i>immediate</i> housing? | YES | NO |
| 9. Are you currently meeting with a therapist? | YES | NO |
| 10. If not, are you interested in participating in therapy? | YES | NO |
| 11. Do you need help finding a therapist? | YES | NO |
| 12. Do you have more than 1 person to turn to when problems come up? | YES | NO |
| 13. Do you have a juvenile or adult record? (You may be eligible for additional services) | YES | NO |
| 14. Do you need legal assistance or advice? | YES | NO |
| 15. Are you currently receiving CalFresh? (formerly called food stamps) | YES | NO |
| 16. If not, would you like to apply? (You may be eligible for additional services) | YES | NO |

CAMPUS SUPPORT

- 17. Do you know where to get your student ID card? YES NO
- 18. Do you know where and how to buy text books? YES NO
- 19. Would you like someone to show you the campus/where your classes are located? YES NO
- 20. Would you like support in navigating your InSite portal and/or student email? YES NO
- 21. Do you feel comfortable asking for help or talking to your teachers? YES NO
- 22. Do you feel you have strong notetaking and/or study skills? YES NO

CAREER GOALS

- 1. What is your dream job? Why?

- 2. How much money do you feel you need to make to live comfortably?

- Do you know what major you need to get your dream job? YES NO
- If yes, what is it? _____
- 3. How long do you see yourself at DVC?
 6 months – 1year
 1 – 2 years
 2 – 3 years
 3+ years.

COLLEGE SUCCESS ANALYSIS

- 1. How do/will you get to school every day?
 Drive my own car
 Public transportation (Bus, Bart, Uber, etc.)
 Get a ride
 I'm not sure yet
- 2. How long will it take you to get to DVC?
 < 30 minutes
 30 min – 1 hour
 1 – 2 hours
 2 + hours
 I'm not sure yet
- 3. What time of day are you most alert/focused?
 Morning
 Afternoon
 Evening
- 4. Do you have access to a personal computer or laptop to complete your school work?
 YES NO
- 5. How many hours per week will you spend on homework & studying?
 >1 hour
 2 – 3 hours
 4 – 5 hours
 5 + hours
- 6. Is there anything else we need to know about you to better help you succeed at DVC?

On a scale of 1 – 5 please check how committed are you to going to college. (Be honest with yourself)

- _____ 1: Not committed (I was told to be here)
- _____ 2: A little committed (Meh, I'll try it out)
- _____ 3: Neutral (School is okay)
- _____ 4: pretty committed (I feel like school is for me)
- _____ 5: Absolute committed (I'm all in! I'm here for me)

Student Signature

Date

STAFF ONLY

Dependency Verified: YES NO

Date: _____

Initials: _____