



TERM: FA: \_\_\_\_\_ SP: \_\_\_\_\_ SU: \_\_\_\_\_

Referral Source: \_\_\_\_\_

### Student Transition and Academic Retention Team (START) Application

(All information is confidential and only accessible to program staff)

#### GENERAL INFORMATION

SID #: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Started at DVC: Fa: \_\_\_\_\_ Sp: \_\_\_\_\_ Su: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Previous Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

What age did you enter Foster Care? \_\_\_\_\_ What age did you exit Foster Care? \_\_\_\_\_ Are you in AB12? Y / N

County of Placement:  Contra Costa  Alameda  Solano  Other: \_\_\_\_\_

#### EDUCATION/EMPLOYMENT INFORMATION

Major: \_\_\_\_\_ Educational Goal: \_\_\_\_\_ Career Goal: \_\_\_\_\_  
i.e.; Psychology, Nursing, Art                                      Transfer to a 4 year, AA, Certificate                                      Social worker, Teacher, Engineer

Expected Date of Graduation: Fa: \_\_\_\_\_ Sp: \_\_\_\_\_ Su: \_\_\_\_\_

Have you attended any other college? Y / N                                      If yes, have you submitted **OFFICIAL** transcripts to DVC? Y / N

Name of college attended: \_\_\_\_\_ Units Completed: \_\_\_\_\_

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Are you currently employed? Y / N                                      On average, how many hours per week do you work? \_\_\_\_\_

If not employed, are you interested in on-campus employment (Federal Work Study)? Y / N

Please share with us areas of support that you are currently receiving. (Check all that apply).

Support Services Currently Receiving:		DVC Programs and Services:	
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Regional Center	<input type="checkbox"/> EOPS/CARE	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Childcare	<input type="checkbox"/> CalWorks	<input type="checkbox"/> Academic Counseling
<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Counseling	<input type="checkbox"/> Childcare	<input type="checkbox"/> Career Services
<input type="checkbox"/> Cal-Works/Gen. Assist.	<input type="checkbox"/> WIC	<input type="checkbox"/> DSS	<input type="checkbox"/> Transfer Center
<input type="checkbox"/> Housing	<input type="checkbox"/> Food Pantries	<input type="checkbox"/> PUENTE	<input type="checkbox"/> Study Abroad
<input type="checkbox"/> Dept of Rehab	<input type="checkbox"/> Legal Services	<input type="checkbox"/> UMOJA	<input type="checkbox"/> Student Life
<input type="checkbox"/> ILSP	<input type="checkbox"/> Other: _____	<input type="checkbox"/> MESA	<input type="checkbox"/> Other: _____

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

\_\_\_\_\_  
Date

#### STAFF ONLY

Dependency Verified:      YES      NO                                      Date: \_\_\_\_\_                                      Initial: \_\_\_\_\_