

# College of the Desert

## FOSTER YOUTH SERVICES (FYS)



COLLEGE  
*of the* DESERT

FYS offers support services to former and current foster youth students at College of the Desert

### Student Information:

Legal Name- Last, First

Former Name

Preferred Name

Date of Birth

Gender

Preferred Pronoun (circle all that apply)  
 He Him She Her They Them

Student ID

Primary Phone Number:  
 Cellphone  Landline

Personal Email

COD Email

**Residency:**  
 Have you lived in California for the past 2 years?  
 Yes  No

If no, when did you move to California?

Do you need local shelter/housing information?  
 Yes  No

### Education:

High School/GED Graduation year:

Did you take any AP and/ or IB Exams?  
 Yes  No

If yes, did you receive a score of 3, 4, or 5?  
 Yes  No  Don't know

Have you submitted official transcripts?  
 Yes  No

Have you attended a previous College?  
 Yes  No

If yes, what College:

Do you have a CA state issued ID/DL?  
 Yes  No

### Eligibility

### Special Program Eligibility/Referral

### Office Use Only

Are you currently in Foster Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Social Security number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a former Foster Youth? (was in Foster Care, before but not currently)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently in guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a social worker/open case?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At one point in your life, did you have a social worker or an open case?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a first-gen college student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependency Letter **Yes** **No** Date received \_\_\_\_\_

Pending: \_\_\_\_\_

Follow-up on: \_\_\_\_\_

Photo release form: \_\_\_\_\_

FAFSA/Dream Act Completed \_\_\_\_\_

Chafee Grant Eligible / Not Eligible

**Age in FC** \_\_\_\_\_ **Age out FC** \_\_\_\_\_

(Student must be between the ages of 16 and 18 as a dependent or ward of the court. Student has not reached 26th birthday.)

Student signature

Date

Outreach Specialist signature