College of the Desert Foster Youth Success (FYS) Intake Form

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

Legal Name: _____ **Student ID#** _____

Preferred Name:_____ *Preferred Pronoun*: **He, Him, She, Her**

Semester/Year :_____ Units:_____

COD Email: _____ **Personal Email:** _____

Phone #: _____ **Date of Birth:** _____ **Gender:** _____
Todays Date: _____

Are you a former foster youth? ____ Y ____ N
Are you currently in foster care? ____ Y ____ N
Are you currently in guardianship? ____Y ____ N

Services Receiving

____ EOPS/CARE
___ TRIO
____ CalWORKs
____ DSPS (Disabled Student Services)
____ Financial aid
____ Chafee

Education

High School graduation year: _____
GED graduation year: _____
Have you attended a previous College? __Y ___N
Degree/ College: _____
_____

Educational Goal: _____

Major: _____

Student checklist

- ☐ COD application
- ☐ FAFSA
- ☐ Orientation
- ☐ 1st Schedule Workshop
- ☐ How to Register for classes video

Please answer all questions.

Have you turned in your Dependency letter?
___Y ___N

Age in foster care:_____

Chafee Grant Eligible:

1. Were you between the ages of 16 and 18 as a dependent or ward of the court?
   ____Y _____N
2. Have you reached your 26th birthday? ____Y ____ N

Burton Book Fund:

1. Were you in foster care on or after the age of 13?
   ____Y ____ N

EOPS:

1. Are you enrolled in 9 units or more? ____ Y ____N
2. Have you applied to EOPS? ____Y _____ N

FAFSA Status:

- ☐ Complete & Submitted
- ☐ Incomplete & Need help

_____
Student Signature **Date**

_____
Outreach Specialist Signature **Date**