



Cosumnes River College Intake/ Assessment

ONLY PROCEED WITH THIS FORM IF YOU:

- 1. ARE NOT RECEIVING CALWORKS**
- 2. ENROLLED IN 6 OR MORE UNITS**
- 3. ARE A CTE MAJOR; OR HAVE AT LEAST 1 BASIC EDUCATION OR ESL CLASS**

Student Information

Today's date: _____ Current Semester: _____

College ID: _____ **County ID:** _____

Name: _____
First Full Middle Name Last

Other Names Used: _____ Date of Birth: _____

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell/Message Phone: (_____) _____ Home Phone: (_____) _____

Email: _____

Educational Background

Did you graduate from high school or receive a High School Equivalency Certificate (such as the GED)? Yes No

Was your GPA 2.49 or below? Yes No (If yes, attach a copy of your transcript)

Have you attended other colleges or vocational programs? Yes No (If yes, submit a copy of your transcripts)

Have either of your parents earned a Bachelor's degree, BA or BS? Yes No

Education and Career Goals

What are your career goals? _____

What is your claimed major or program? _____

Educational goal (check all that apply):

Certificate AA/AS Degree Transfer (to 4year) Skills to obtain employment

Other _____

Number of units you plan to take this term? _____

Are you receiving Financial Aid? Yes No

Do you receive the BOG waiver? Yes No

Fresh Success Program

Are you currently receiving CalFresh? Yes No

Did you enroll or plan to enroll in CalFresh because of this Fresh Success opportunity? Yes No

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

How did you learn about Fresh Success?

- Student Friend/family member
- College employee/program (name?) _____
- Community Organization (name?) _____
- Flyer Website (which?) _____
- County CalFresh program Other (specify) _____

Demographic Information

Please check all that apply.

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

Do you speak English as a Second Language? Yes No Primary Language(s): _____

Gender: Male Female Other

Do any of the following describe you?

- Homeless Person with disabilities
- Current or former foster youth Single parent Public housing resident
- Veteran
- Timed-Out TANF (CalWORKs) Formerly incarcerated* Other: _____

* Note: Some career paths may offer fewer job opportunities for the formerly incarcerated. Please let us know your status so that we can help guide you to the most promising careers.

Are you of Hispanic, Latino, or Spanish origin? Yes No

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

Employment and Skills Information

Are you currently employed? Yes No

a. If yes, is your job:

- Permanent (Regular) or Temporary?
- Full-time or Part time? Hours per week _____

b. What is your salary or wage?

\$_____ per hour week month year

c. Which of the following does your employer pay for or contribute on your behalf?

- Medical care Dental Care
- Paid time off for vacation Paid sick leave Retirement

Do you have a current resume? Yes No Date of last revision:

Are you bilingual? Yes No Language: _____

Computer Programs you know: WORD EXCEL POWERPOINT ACCESS Other: _____
(check all that apply).

List skills and abilities you feel would contribute to current and/or future employment:

Fresh Success is an employment & training program designed to help you gain living wage employment within the next 2 years. Explain how you plan to use your CRC Certificate or AA degree for employment in the next 2 years or more. (Required response)

What, if anything, is preventing you from achieving your education and career goals? (Required response)

How can the Fresh Success program best support you in achieving your goals? (Required response)

Support Services

Are you receiving services from any of the following student support services here at Cosumnes River College? (Check all that apply)

- Financial Aid EOP&S ESP CARE
 CalWORKS DSP&S MESA
 Other _____

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

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

Please describe _____

What is your main mean of transportation to campus? Bus Auto Rides Other

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

- Textbooks Supplies Clothing Housing Criminal Record Expungement

Signature

I certify that the above information is accurate. I agree to participate in the Fresh Success program if I am determined to be eligible for it.

Signature: _____

Date: _____

