

CLIENT INFORMATION

Last name _____ First name _____ Cell _____

Email _____ How many children do you have? _____ What are their ages? _____

Do you have adequate childcare? _____

EDUCATIONAL INFORMATION

Did you graduate from high school? Yes No If not, did you earn your GED? Yes No

Have you attended college before? Yes No If so, where? _____

How many units did you complete? _____

EMPLOYMENT

Are you employed? Yes No If yes, how many hours per week? _____

If eligible, would you be interested in an on-campus work study position? Yes No

Be sure to mark that you are interested in work study on your FAFSA

COUNTY SERVICES

Do you currently receive cash aid from the County through CalWORKs? Yes No

If yes, what is the name of your County counselor? _____

Do you currently receive CalFresh (EBT)? Yes No

STUDENT/CLIENT CONSENT FOR RELEASE OF INFORMATION

I give permission for Gilead House representatives and College of Marin EOPS, CARE and CalWORKs staff to discuss any information related to my enrollment, academic record, and related services with all appropriate persons, agencies, or institutions who have a legitimate educational need to know. I consent to the release information for the duration of my time as a program participant, consistent with the Federal Educational Rights and Privacy Act of 1974.

Signature _____ Date _____

GILEAD HOUSE APPROVAL

As a representative of the Gilead House, I give permission for the above client to attend school for the current academic semester. Permission to attend school may be revoked if student is not attending classes or making satisfactory academic progress, as determined by the college program eligibility rules. Eligibility to continue in school each semester will depend on above factors, as well as enrollment in degree applicable courses that are listed on their Student Education Plan.

Signature _____ Date _____