



TRIO

16 Confidential Intake Form 17

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Eligibility for services: clients are U.S. Citizens/permanent residents; low-income and/or first generation; interested in obtaining postsecondary education and do not yet possess a bachelor's degree; live in Adams, Arapahoe, Broomfield, Boulder, Denver or Jefferson County.

Social Security Number _____ - _____ - _____ (required)

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Current Age: _____
(mm/dd/yy)

Address: _____ Apt# _____

City: _____ County _____ State _____ Zip Code _____

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

Email address: _____

Are you a U.S. Citizen? Yes No

If no, Are you a permanent Res. of the U.S.? Yes No

Yes, Permanent Resident Alien Number: A _____

Gender: Female Male

Marital status: Separated Divorced Married Single Widow

What is your ethnicity?
Hispanic or Latino Not Hispanic or Latino

Select one or more races to indicate what you consider yourself to be:

American Indian/Alaskan Native Asian
 Black/ African American White
 Native Hawaiian/Pacific Islander

Are you a Veteran or Active Duty Military? Yes No
If yes, Circle (Veteran) or (Active Duty)

Are you a Spouse or Child of Active Military? Yes No
If yes, Circle (Spouse) or (Child) of Active Duty

Total number of family members (including yourself) in your household _____

Do you have children or other dependents (other than spouse) who receive more than half of their support from you? Yes No

Are you in High School OR a GED Program? Yes No
If yes, where? _____ (H.S. or GED program)
If yes, estimated graduation date: _____ (mo/yr)

Do either of your parents have a **Bachelor** (4-year college) degree? Yes No

What was your family/household **taxable*** income for last year?

\$ 0-\$18,090 \$ 18,091-\$24,360
 \$ 24,361-\$30,630 \$ 30,631-\$36,900
 \$ 36,901-\$43,170 \$ 43,171-\$49,440
 \$ 49,441-\$55,710 \$ 55,711-\$61,980
 Over \$61,981

*Please look at the lines on your tax forms: line 43 on the 1040, line 27 on the 1040A and line 6 on the 1040EZ.

Do you have a High School diploma or GED? Yes No
If Yes, H.S. Diploma OR GED

Are you currently attending a college, university, and/or vocational training? Yes No
If yes: School attending & ID# _____

What educational services are you seeking today?

Financial Aid Assistance Career Exploration
 Educational Planning General information/Referral Other
 Financial Coaching

Did you stop college/vocational school before completing a certificate or degree? Yes No

Do you have a certificate/degree from any college/vocational training program? Yes No
If yes: Certificate _____
 Degree _____

How did you hear about the this (EOC) Program? _____

After September 1, 2016, have you:

Applied for financial aid? Yes No

Applied for admissions to a college/vocational school? Yes No

School (s): _____

Do you have a child or relative in High School? Yes NO
If yes, what High School? _____

Are you participating in another TRIO or Federal Education Program? NO Yes _____ program name, if yes)

If you are under 24, please refer to the questions on the federal dependency checklist to determine your dependency status. If you are 24 or older you are considered INDEPENDENT for financial aid purposes. (Please check the box that applies)

I am independent I am dependent *(Parent's signature is required on this form)

I understand that the above information will be used for statistical and follow-up purposes only. I hereby authorize any agency, school, college or university to release any academic/financial aid information from my files that are requested by the Denver Educational Opportunity Center. I certify that the annual taxable income for last year is as indicated above. My signature below indicates that the information I have provided in this document is accurate and verifiable.

*Signature: _____ Date: _____
Client Signature Parent Signature (required if dependent) (mm/dd/yy)

The EOC is a non-profit program 100% funded through the U.S. Department of Education and does not discriminate on the basis of race, color, national origin, sex, age or disability in admission or access to its educational programs.



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FOR OFFICE USE ONLY

PERM INFO

Target Agency _____ Specialist _____ LEP DEP IND

Eligibility: LI/FG LI FG Other

YEAR INFO

Current Grade Level:

High School Student grade: _____ name: _____ High School Graduate GED Graduate

Other, age _____

Secondary School dropout **NOT** reentered or enrolled in alternative education program (18 & under)

Secondary School dropout **ENROLLED** in an alternative education program Equiv. HS Senior (18 & under):

School: _____

Adult w/o a high school diploma **NOT** Enrolled in a Continuing Ed. Program (19 & older)

Adult w/o a high school diploma **ENROLLED** in a Continuing Ed. Program Equiv. HS Senior (19 & older):

School: _____

Potential Postsecondary Transfer Postsecondary Dropout

Postsecondary Student: School: _____ S# _____

Applied for Admissions School: _____

Applied for Financial Aid

College Ready: Yes No None

CONTACTS

Reason/Notes: _____

Advising

Academic	Career	Financial
<input type="checkbox"/> Admissions Information/Counseling <input type="checkbox"/> Academic Advising <input type="checkbox"/> Admissions Testing Information <input type="checkbox"/> GED Information <input type="checkbox"/> Admissions Application <input type="checkbox"/> Tutoring <input type="checkbox"/> Residency <input type="checkbox"/> Transfer counseling <input type="checkbox"/> Other: _____	<input type="checkbox"/> Career Information/Counseling <input type="checkbox"/> Resource Library <input type="checkbox"/> ECOCIS/O'NET <input type="checkbox"/> Other: _____ <input type="checkbox"/> Career Assessment: <input type="checkbox"/> CAI <input type="checkbox"/> SII <input type="checkbox"/> SIE <input type="checkbox"/> MBTI <input type="checkbox"/> MBTI-O <input type="checkbox"/> MBTI-O <input type="checkbox"/> SDS <input type="checkbox"/> WEB Career Assessment Results: <input type="checkbox"/> CAI <input type="checkbox"/> SII <input type="checkbox"/> SIE <input type="checkbox"/> MBTI <input type="checkbox"/> MBTI-O <input type="checkbox"/> MBTI-O <input type="checkbox"/> SDS <input type="checkbox"/> WEB	<input type="checkbox"/> FA Information/Counseling <input type="checkbox"/> FA Verification <input type="checkbox"/> COF Application <input type="checkbox"/> PIN <input type="checkbox"/> SAR Review <input type="checkbox"/> SAR Correction <input type="checkbox"/> Loan Application <input type="checkbox"/> FAFSA yr(s) _____ <input type="checkbox"/> Loan Information/Counseling <input type="checkbox"/> Scholarship Search/Information <input type="checkbox"/> Scholarship Application School(s): _____ <input type="checkbox"/> Other: _____

Referrals

Financial Aid Office GED/Adult Ed Program SSS Program VUB Program Other
Academic Advising Student Services Registrar Office IRS

SID _____