



# TRIO

## 12 Confidential Intake Form 13

1201 5th St., Suite 325 ♦ Denver, CO 80217-3363 ♦ 303-629-9226 ♦ Fax: 303-620-4805

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

Ethnicity:

American Indian/Alaskan Native  Asian

Black/ African American  Hispanic/Latino

Native Hawaiian/Pacific Islander  White

Are you a veteran?  Yes  No

Are you the spouse or dependent of a veteran?  Yes  No

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 currently in High School?  Yes  No

Do you have a High School diploma?  Yes  No

If **no**, Do you have a GED?  Yes  No

Are you studying for a GED?  Yes  No

If **studying for GED**, where? \_\_\_\_\_

Anticipated completion date: \_\_\_\_\_ (mo/yr)

Are you currently enrolled in college, university, and/or vocational training?  Yes  No

If **yes**: School attending: \_\_\_\_\_

Student ID# \_\_\_\_\_

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 \_\_\_\_\_

Do either of your parents have a 4-year college degree?  Yes  No

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

\$0-16,755  \$16,756-\$22,695

\$22,696-\$28,635  \$28,636-\$34,575

\$34,576-\$40,515  \$40,516-\$46,455

\$46,456-\$52,395  \$52,396-\$58,335

Over \$58,336

Were you referred by the Denver Scholarship Foundation (DSF)?  Yes  No

\*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.

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)

Services Seeking Today:

Educational Planning  Career Exploration

Financial Aid Assistance  General information/Referral Other

**After September 1, 2012, have you:**

Applied for financial aid?  Yes  No

Applied for COF?  Yes  No

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

School: \_\_\_\_\_

How did you heard about EOC \_\_\_\_\_

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 dependant) (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 \_\_\_\_\_ Advisor \_\_\_\_\_ LEP DEP IND

Eligibility: LI/FG LI FG Other

**YEAR INFO**

**Current Grade Level:**

- High School Student grade: \_\_\_\_\_  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"/> Other: _____	<input type="checkbox"/> Career Information/Counseling <input type="checkbox"/> Resource Library <input type="checkbox"/> ECOCIS/O'NET <input type="checkbox"/> Other: _____ <u>Career Assessment:</u> <input type="checkbox"/> CAI <input type="checkbox"/> SII <input type="checkbox"/> SIE <input type="checkbox"/> MBTI <input type="checkbox"/> MBTI-O <input type="checkbox"/> SDS <input type="checkbox"/> COCIS <input type="checkbox"/> WEB <u>Career Assessment Results:</u> <input type="checkbox"/> CAI <input type="checkbox"/> SII <input type="checkbox"/> SIE <input type="checkbox"/> MBTI <input type="checkbox"/> MBTI-O <input type="checkbox"/> SDS <input type="checkbox"/> COCIS <input type="checkbox"/> WEB	<input type="checkbox"/> FA Information/Counseling <input type="checkbox"/> FA Verification <input type="checkbox"/> Grants _____ <input type="checkbox"/> COF <input type="checkbox"/> PIN <input type="checkbox"/> SAR Review <input type="checkbox"/> SAR Correction <input type="checkbox"/> Loan Application <input type="checkbox"/> FAFSA <input type="checkbox"/> 12/13 <input type="checkbox"/> 13/14 <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
- Academic Advising
- Student Services
- Registrar Office