## Dependency Checklist for 2015-2016:

If applying for 2015/2016, were you born before January 1, 1992?

![No](#) ![Yes](#)

As of today, are you married? (Also answer “Yes” if you are separated but not divorced)

![No](#) ![Yes](#)

At the beginning of the 2015-2016 school year, will you be working on a master’s or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)?

![No](#) ![Yes](#)

Are you currently serving on active duty or a veteran of the U.S. Armed Forces for purposes other than training?

![No](#) ![Yes](#)

Are you a veteran of the U.S. Armed Forces?

![No](#) ![Yes](#)

Do you have children who will receive more than half of their support from you between July 1, 2015 and June 30, 2016?

![No](#) ![Yes](#)

Do you have dependents (other than children/spouse) who live with you and who receive more than half of their support from you now through June 30, 2016?

![No](#) ![Yes](#)

At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?

![No](#) ![Yes](#)

Were you in foster care when you were aged 13 or older even if you are no longer in foster care today?

![No](#) ![Yes](#)

As determined by a court in your state of legal residence, are you or were you an emancipated minor?

![No](#) ![Yes](#)

As determined by a court in your state of legal residence, are you or were you in legal guardianship?

![No](#) ![Yes](#)

At any time on or after July 1, 2014, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?

![No](#) ![Yes](#)

At any time on or after July 1, 2014, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?

![No](#) ![Yes](#)

At any time on or after July 1, 2014, did the director of a runaway/homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or self-supporting and at risk for being homeless?

![No](#) ![Yes](#)

### If you answered “NO” to EVERY question, you are “Dependent”

<table>
<thead>
<tr>
<th>Dependent</th>
<th>You Will Need the Following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. EOC Intake signed by you and your parent</td>
<td></td>
</tr>
<tr>
<td>2. Your CO Driver’s License/CO ID</td>
<td></td>
</tr>
<tr>
<td>3. Your Social Security Card</td>
<td></td>
</tr>
<tr>
<td>4. Your signed Federal Income Tax Forms (1040A/EZ/X)</td>
<td></td>
</tr>
<tr>
<td>a. 2014 if applying for 2015/2016</td>
<td></td>
</tr>
<tr>
<td>5. Your parents’ signed Fed. Tax Forms (1040A/EZ/X)</td>
<td></td>
</tr>
<tr>
<td>a. 2014 if applying for 2015/2016</td>
<td></td>
</tr>
<tr>
<td>6. Other Income: (SSI, SSDI, A&amp;D, TANF, Child Support, W2, Pay Stubs, VA Ben etc.)</td>
<td></td>
</tr>
<tr>
<td>7. If NO Income: Signed statement</td>
<td></td>
</tr>
<tr>
<td>8. Permanent Resident Card/I94 (if not a U.S. citizen)</td>
<td></td>
</tr>
<tr>
<td>9. Know your parents’ dates of birth, and marriage/divorce dates</td>
<td></td>
</tr>
<tr>
<td>10. Federal PIN # (if you have one)</td>
<td></td>
</tr>
</tbody>
</table>

### If you answer “YES” to ANY one question, you are “Independent”

<table>
<thead>
<tr>
<th>Independent</th>
<th>You Will Need the Following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Your CO Driver’s License/CO ID</td>
<td></td>
</tr>
<tr>
<td>2. Your Social Security Card</td>
<td></td>
</tr>
<tr>
<td>3. Yours and your spouse’s signed Fed. Income Tax Forms (1040A/EZ/X)</td>
<td></td>
</tr>
<tr>
<td>a. 2014 if applying for 2015/2016</td>
<td></td>
</tr>
<tr>
<td>4. Other Income: (SSI, SSDI, A&amp;D, TANF, Child Support, W2, Pay Stubs, VA Ben etc.)</td>
<td></td>
</tr>
<tr>
<td>5. If NO Income: Signed statement</td>
<td></td>
</tr>
<tr>
<td>6. Permanent Resident Card/I94 (if not a U.S. citizen)</td>
<td></td>
</tr>
<tr>
<td>7. Federal PIN # (if you have one)</td>
<td></td>
</tr>
</tbody>
</table>

Questions? Call 303-352-8746
Social Security Number __________ - __________ - ________ (required)
Last Name: ____________________________ First Name: ____________________________ Mi: __________
Date of Birth: __________ Current Age: __________
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: ____________________________

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

Gender: ☐ Female ☐ Male
Marital status: ☐ Separated ☐ Divorced ☐ Married
☐ Single ☐ Widow

Are you Active Duty Military? ☐ Yes ☐ No
Are you a Spouse of Active Duty Military? ☐ Yes ☐ No
Are you a Child of Active Duty Military? ☐ Yes ☐ No
Are you a veteran? ☐ Yes ☐ No

Are you currently in High School? ☐ Yes ☐ No
If yes, where? ____________________________
Do you have a High School diploma? ☐ Yes ☐ No
If no, Do you have a GED? ☐ Yes ☐ No
Are you enrolled in a GED program? ☐ Yes ☐ No
If yes, where? ____________________________
Anticipated completion date: __________ (mo/yr)
Are you currently attending a 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

The EOC provides services to individuals enrolled or with a desire to enroll in postsecondary education. What educational services are you seeking today?
☐ Financial Aid Assistance ☐ Educational Planning ☐ Financial Coaching
☐ General information/Referral Other
Were you referred by the Denver Scholarship Foundation (DSF)? ☐ Yes ☐ No

How did you hear about the EOC? ____________________________

Are you participating in another Federal Program? ☐ UB ☐ VUB ☐ UBMS ☐ McNair ☐ SSS ☐ ETS ☐ GEAR UP ☐ Other

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: __________ (mm/dd/yy)

Client Signature ____________________________ Parent Signature (required if dependent) ____________________________ Date: __________ (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.
**PERM INFO**

Target Agency ___________________________ Specialist _________________________

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):

- □ Other, age __________
- □ 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**

- □ Admissions Information/Counseling
- □ Academic Advising
- □ Admissions Testing Information
- □ GED Information
- □ Admissions Application
- □ Tutoring
- □ Residency
- □ Transfer counseling
- □ Other: ____________________________

**Career**

- □ Career Information/Counseling
- □ Resource Library
- □ EOCIS/O'NET
- □ Other: ____________________________

Career Assessment:

- □ CAI □ SSI □ SIE □ MBTI □ MBTI-O
- □ MBTI-O □ SDS □ WEB

Career Assessment Results:

- □ CAI □ SSI □ SIE □ MBTI □ MBTI-O
- □ MBTI-O □ SDS □ WEB

**Financial**

- □ FA Information/Counseling
- □ FA Verification
- □ COF Application □ PIN
- □ SAR Review □ SAR Correction
- □ Loan Application
- □ FAFSA yr(s) __________
- □ Loan Information/Counseling
- □ Scholarship Search/Information
- □ Scholarship Application

School(s): ____________________________

Other: ____________________________

**Referrals**

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

SID ____________________________