



Educational Opportunity Center

committing you to your future

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.

TRIO

1111 W Colfax Ave, Suite 137 ♦ Denver, CO 80204 ♦ 303-352-8746 ♦ Fax: 303-556-6553

19 Confidential Intake Form 20

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_
Social Security # \_\_\_\_\_ (required) Date of Birth: \_\_\_\_\_ (MM/DD/YY) Current Age: \_\_\_\_\_
Address: \_\_\_\_\_ Apt# \_\_\_\_\_
City: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home/Message Phone: (\_\_\_\_) \_\_\_\_\_ Would you like to receive text messages?  Yes  No
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?  Yes  No
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

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: \_\_\_\_\_ (mm/yy)
Do you have a High School diploma?  Yes  No
Do you have a GED?  Yes  No

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-\$18,735  \$ 18,736-\$25,365
 \$ 25,366-\$31,995  \$ 31,996-\$38,625
 \$ 38,626-\$45,255  \$ 45,256-\$51,885
 \$ 51,886-\$58,515  \$ 58,516-\$65,145
 Over \$65,146
\*Please look at line 10 for your 1040 form.

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
 Educational Planning  Career Exploration
 Financial Coaching  General information/Referral Other

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 \_\_\_\_\_
 Associate Degree \_\_\_\_\_  Bachelor's Degree \_\_\_\_\_

How did you hear about this (EOC) Program?
\_\_\_\_\_
Do you have a child or relative in High School?  Yes  No
If yes, what High School? \_\_\_\_\_

After September 1, 2019, have you:
Applied for financial aid?  Yes  No
Applied for admissions to a college/vocational school?  Yes  No
School (s): \_\_\_\_\_

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: \_\_\_\_\_ Today's 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
- 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: \_\_\_\_\_
- Postsecondary Dropout w/ high school diploma  Postsecondary Dropout w/o high school diploma
- Potential Postsecondary Transfer
- 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"/> Resume/Cover Letter <input type="checkbox"/> <u>Career Assessment</u> : <input type="checkbox"/> WEB <input type="checkbox"/> SII <input type="checkbox"/> MBTI <input type="checkbox"/> SUPERSTRONG <input type="checkbox"/> <u>Career Assessment Results</u> : <input type="checkbox"/> WEB <input type="checkbox"/> SII <input type="checkbox"/> MBTI <input type="checkbox"/> SUPERSTRONG <input type="checkbox"/> Other: _____	<input type="checkbox"/> FA Information/Counseling <input type="checkbox"/> FA Verification <input type="checkbox"/> SAP Appeal <input type="checkbox"/> COF Application <input type="checkbox"/> FSA ID <input type="checkbox"/> SAR Review <input type="checkbox"/> SAR Correction <input type="checkbox"/> FAFSA <input type="checkbox"/> 2019/2020 <input type="checkbox"/> 2020/2021 <input type="checkbox"/> Financial Literacy Workshop <input type="checkbox"/> Loan Information/Counseling/App <input type="checkbox"/> Scholarship Search/Information <input type="checkbox"/> Scholarship Application: _____ <input type="checkbox"/> Scholarship contract <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 \_\_\_\_\_

Updated:08/30/2019