

Palomar College FYRST Program Foster Youth Retention, Success, and Transition

Office Use Only:	
Initial:	Dependency
Letter <a> Verified by Financial Aid	
Office	
Date:	Verified
EOPS, TRIO/SSS, and/or DRC	
Transcripts on File \square or N/A \square	

Student Intake Form

First Name: Last Name:	
Middle Name: Student ID#:	
Address:	
Date of Birth: Gender: Marital Status:	
Personal Email: Home Phone #:	
Cell Phone #:	
Were you in foster care after the age of thirteen? Yes \square No \square	
Do you have a Dependency Letter? Yes \square No \square	
Were you in guardianship, foster care or adopted before the age of thirteen? Yes \square No \square	
Did you have an IEP anytime in K-12? Yes \square No \square	
Current Housing: Independent □ Group Home □ Transitional Housing □	
Foster Home Other	
Are you a parent? Yes \square No \square	
What is your Race/Ethnicity? African- American □ Filipino □ Other/Decline to State □	
Hispanic/Latino \square Multi-Ethnicity \square White Non-Hispanic \square	
American Indian/Alaska Native \square Pacific Islander \square Asian \square	
Educational Goal: Certificate Associate's Degree Transfer to a four-year college	
What Certificate, Associate's Degree, or Transfer goal do you want to obtain?	
Colleges/Universities of interest:	
Do you have any prior College Units: Have you turned in your transcripts to Palomar?	
Please check all that apply to you:	
High School Diploma □ Obtain GED □ Currently in High School/ getting a GED □	
Currently Employed: Yes \square No \square Number of jobs: (# hours/week) Are you	
Participating in Palomar Extended Opportunity Programs and Services (EOPS), TRIO/Student Support Services (SSS) or	
Disability Resource Center? EOPS: Yes \square No \square TRIO/SSS: Yes \square No \square DRC: Yes \square No \square	
By signing this Student Intake Form, I consent the Financial Aid office to release information specific to my financial aid as it pertains to the EOPS/CARE/CalWORKs & FYRST programs.	
Student Signature Date	