

**VIRGINIA STATE UNIVERSITY EDUCATIONAL OPPORTUNITY CENTERS**

**CLIENT INTAKE FORM**

(ALL INFORMATION KEPT CONFIDENTIAL)

**NAME:** \_\_\_\_\_  
 LAST FIRST MI

**ADDRESS:** \_\_\_\_\_  
 STREET/P.O. BOX APT. #

\_\_\_\_\_  
 CITY STATE ZIP CODE

**Has either parent received a 4-year college degree?**  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a student loan in default? Yes \_\_\_\_\_ No \_\_\_\_\_

Is English your native language? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a veteran of the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a military dependent? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently participating in Upward Bound? Yes \_\_\_\_\_ No \_\_\_\_\_

**PHONE NUMBERS:**

**Date of Birth:** \_\_\_\_\_  
 Month/Day/Year

**Home:** ( ) \_\_\_\_\_  
**Work:** ( ) \_\_\_\_\_  
**Mobile:** ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_@\_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, Alien Registration # 

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**HIGH SCHOOL ONLY**

**Parent/Guardian name:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_

**CHECK ONLY ONE ENROLLMENT STATUS**

Are you **currently** enrolled? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, check your current status:**

1. High School (9<sup>th</sup>-11<sup>th</sup> grades) \_\_\_\_\_
2. High School (12<sup>th</sup> grade) \_\_\_\_\_
3. Pre-College program (ESL, GED, ABE) \_\_\_\_\_
4. College or post-secondary program \_\_\_\_\_

Name of college or post-secondary institution you are currently enrolled in: \_\_\_\_\_

**If not currently** enrolled, check your **last** status:

1. Did not complete high school \_\_\_\_\_
2. High school/ GED graduate \_\_\_\_\_
3. Some college or post-secondary courses, but did not complete a degree program \_\_\_\_\_
4. College graduate \_\_\_\_\_

Please circle one: Certification AS AAS BA BS

5. Completed Graduate school (Master/Doctorate) \_\_\_\_\_

When do you plan to enroll in school? \_\_\_\_\_

If enrolling, which school? \_\_\_\_\_

How many people are in your **immediate family** living with you?

(Please include yourself)

Below **check** the range of your family's **TAXABLE** income:

<b>CODE</b>		<b>CODE</b>
\$19,140 _____ (1)	\$46,020 _____ (5)	
\$25,860 _____ (2)	\$52,740 _____ (6)	
\$32,580 _____ (3)	\$59,460 _____ (7)	
\$39,300 _____ (4)	\$66,180 _____ (8)	

**How did you learn about the Educational Opportunity Center?**

\_\_\_\_ Adult Learning Center \_\_\_\_ Fort Lee \_\_\_\_ VTC website

\_\_\_\_ College/University \_\_\_\_ P&P \_\_\_\_ Walk In

\_\_\_\_ EOC Counselor \_\_\_\_ CWI \_\_\_\_ DOC

\_\_\_\_ Friend/Relative \_\_\_\_ HRHA \_\_\_\_ VEC

\_\_\_\_ High School \_\_\_\_ Social Services \_\_\_\_ Library

Other: \_\_\_\_\_

**INCOME SOURCE(S):** DO NOT PUT ANY DOLLAR AMOUNTS

	<b>(YOU)</b>	<b>YOUR</b>	<b>YOUR</b>
	Student	Spouse	Parent(s)
Wages/Salary	_____	_____	_____
Unemployment Comp	_____	_____	_____
TANF (Welfare)	_____	_____	_____
SSI or SSDI	_____	_____	_____
Social Security	_____	_____	_____
Other: _____	_____	_____	_____

**Gender Identity:** \_\_\_\_\_ Female \_\_\_\_\_ Male

**Marital Status:** \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated

**Race/Ethnicity:** Please check only ONE:

\_\_\_\_\_ African-American/Black \_\_\_\_\_ Pacific Islander

\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ White

\_\_\_\_\_ Asian \_\_\_\_\_ Other

\_\_\_\_\_ Hispanic/Latino

**Current Employment Status:**

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Unemployed

