

## Raider Promise Intake Form

All information is confidential and only accessible by university staff

### STUDENT INFORMATION

NAME \_\_\_\_\_ SU ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

(most recent/school)

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

SS# \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ GENDER male  female  other 

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

DO YOU HAVE CHILDREN? Y / N

EVER IN FOSTER CARE? Y / N

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION. 1) WHEN DID YOU AGE OUT?

\_\_\_\_\_/\_\_\_\_\_  
month / year

2) COUNTY OF JURISDICTION \_\_\_\_\_ 3) SUBMITTED COURT DOCUMENTS? Y / N

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

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

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

 I GIVE PERMISSION FOR THE SINGLE POINT OF CONTACT TO CALL/WRITE IF I AM UNABLE TO BE REACHED FOR MORE THAN 2 WEEKS.

### SUPPORT SERVICES ON CAMPUS

ARE YOU CURRENTLY RECEIVING SERVICES FROM THE FOLLOWING?

SERVICES	YES	NO	NAME OF CONTACT (IF KNOWN)	NOTES
Learning Center				
ASP/SUMMER BRIDGE				
OAR				
TUTORING				
COUNSELING				
AIM				
EARLY ALERT				
RESOURCE PANTRY				

ARE YOU INTERESTED IN HOUSING OVER BREAKS? IF YES, PLEASE MARK ALL THAT APPLY.

THANKSGIVING  WINTER  SPRING  SUMMER

## FINANCIAL RESOURCES

COMPLETED FAFSA? Y / N    DATE \_\_\_\_\_

COMPLETED CHAFEE APPLICATION? Y / N    RECEIVING CHAFEE (IF APPLICABLE)? Y / N

APPLIED FOR PHEAA? Y / N    RECEIVING SCHOLARSHIPS? Y / N

IF YES, WHICH SCHOLARSHIPS? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? Y / N    IF YES, HOW MANY HOURS PER WEEK? \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

OTHER SOURCES OF FINANCIAL SUPPORT  FOSTER CARE     FAMILY/FRIEND     FINANCIAL AID

OTHER \_\_\_\_\_

## MOST RECENT HOUSING

LIVING SITUATION

APARTMENT     SHIP DORMS     OFF Campus Apt     FAMILY

FOSTER HOME     HOMELESS     OTHER \_\_\_\_\_

NOTES \_\_\_\_\_

## OTHER INFORMATION

ANY OTHER INFORMATION YOU'D LIKE TO SHARE WITH US?

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I, \_\_\_\_\_ understand that participation in the Raider Promise Program is voluntary and can request to be removed from the Program at any point. In order to receive access to resources through the Raider Promise Program I agree to participate in at least one event every quarter (three months) from the Raider Promise Program calendar.

X \_\_\_\_\_

signature

X \_\_\_\_\_

date