

Fall
 Spring
 Summer

b2b PROGRAM INTAKE FORM

All information is confidential and only accessible to program staff



Date: _____

STUDENT INFORMATION

Name: _____ Student ID#: _____
 Address: _____ Apt. #: _____
 City: _____ State: _____ Zip Code: _____
 DOB: _____ Age: _____ Cell Phone #: _____
 Home/Message Phone #: _____ Work Phone #: _____
 Email: _____ Female Male Transgender
 Do you have children? Yes No If yes, how many children do you have? _____
 Are you currently a non-minor dependent (in AB 12)? Yes No
 Are you a California resident? Yes No Lived in California since: _____
 Ward of Court Letter: Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
 Address: _____ Apt. # _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone #: _____

SUPPORT SERVICES ON CAMPUS

Are you currently receiving services from the following? *Add if not mentioned*

Services	Yes	No	Name of Contact (if known)	Notes
EOP&S				
CalWorks				
DSPS				
C.A.R.E				

SUPPORT SERVICES OFF CAMPUS

Are you currently receiving services from the following? *Add if not mentioned*

Services	Yes	No	Name of Contact (if known)	Notes
Beyond Emancipation				
First Place				
Abode				
RAFA				
ILSP or ILP				
BAYC				

HOUSING

Living Situation: Apartment Transitional Housing Family Foster Home Homeless
 Decline to state Other: _____

FINANCIAL RESOURCES

Completed FAFSA: Yes No Year: _____

Completed Chafee application: Yes No Receiving Chafee: Yes No

Applied for Scholarships: Yes No Receiving Scholarships: Yes No

If yes, which ones: _____

Are you currently employed? Yes No If yes, how many hours per week? _____

Place of employment: _____

Other sources of financial support: Foster Care Family/friend Financial Aid

Other: _____

OTHER INFORMATION

Any other information you'd like to share with us?

I certify that the information I have completed is true and correct to the best of my knowledge.

Student's Signature

Date

B2b/CAFYES AUTHORIZATION TO RELEASE INFORMATION

One purpose of the Family Educational Rights and Privacy Act ("FERPA") is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in an individual student's educational record. By signing this release, you consent to allow the staff members in the **b2b/CAFYES** at **Laney College & Beyond Emancipation (B:E)** to review and discuss any information contained in your educational records related to or impacting your participation in the **b2b/CAFYES** with administrators, instructors, social service staff members, and foster care administrators or their staff members.

Your consent to release begins at the time of application to **b2b/CAFYES**. The Release remains in effect until you graduate from **Laney College** or officially leave the program. You may send a written letter revoking this Release to the staff of the **b2b/CAFYES** prior to leaving the university.

How Will the Release Be Used?

There may be situations in which we need to request or relay information related to your application or participation in the program. This Release allows us to discuss your information with college staff members as well as the social service agencies familiar with your case history. In addition, this Release grants authorization to the **b2b/CAFYES** staff to request information from your instructors and your academic department related to your class participation and grades. Your information will be handled in a manner that does not permit identification of your personal identity or situation. In all cases, your information is handled with confidentiality; your information will be destroyed when the data is no longer needed to document your activities at **b2b/CAFYES**.

May I Rescind this Release?

To rescind this Release, please send a written statement to the **b2b/CAFYES** that includes your:

- Full name
- Date of birth
- Social security number
- Statement to rescind the request (please include an effective date)
- Signature and date

What if I Have Additional Questions?

b2b/CAFYES staff are available to answer your questions during normal business hours.

CERTIFICATION

By signing this Release, I understand that information contained in my educational records related to or impacting my application and participation in the **b2b/CAFYES** may be released to or forwarded by the **b2b/CAFYES** staff with my FULL CONSENT. I have signed this Release for the purpose of coordinating my participation in the **b2b/CAFYES program**. I understand that this Release will remain in effect until I am officially removed from the program, or I graduate or disenroll from **Laney College**. I understand I can withdraw this authorization by sending a written letter revoking this Release to the **b2b/CAFYES** prior to that date. I understand that this Release exempts staff in the **b2b/CAFYES** from adhering to confidentiality statements I may have signed regarding my educational records at **Laney College**. I certify that all of the information reported on this form is true, complete and accurate.

Print Student's Name

Student's ID number

Student's Signature

Date (mm/dd/yyyy)



Beyond Emancipation
 675 Hegenberger Road, Suite 100
 Oakland, CA, 94621
 (510) 667-7694
 Interview Consent Form

I, _____, grant permission to use my *photograph(s), video(s) or interview(s)* to be used in print or electronic materials designed for news, educational, marketing, publicity or information purposes for Beyond Emancipation (B:E) .

I understand and agree that my photograph(s) and video(s) may be used with or without my name.

I understand and agree that I will not be compensated for the use of my photograph(s).

I waive the right to review, inspect and/or approve my photograph(s) or products in which they are used.

Some Benefits for B:E:

- B:E youth will have a chance to tell their story and be acknowledged for their achievements.
- Our community will gain a better understanding of the struggles, needs, and successes of B:E youth and the vital role B:E plays in supporting our youth.
- These testimonials can serve as a resource in gaining funding and allowing the continuation of programs that have assisted B:E youth in being successful.

I am not obligated to answer any questions I do not wish to answer. At any point during the interview, I can withdraw from participation. Lastly, if I do not want B:E to use my real or full name or do not want to be photographed or videotaped, I am not obligated to do so.

Special Request:

Please Check all that Apply- I do not want B:E to:	
	Use My Real Name
	Use My Full Name (only first)
	Photograph Me
	Videotape Me
	Audio Record Me

In signing this paper, I am stating that I have read and agreed to the guidelines of participation stated above and am willing to be interviewed, photographed and/or filmed.

Name: _____ DOB: _____ Current Age: __

Address: _____

Ph: _____ Email: _____

Signature: _____ Date: _____

If Under 18:

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____