

**b2b Program Application:
Foster Youth Support Program at
Laney College**

New & Returning Students

Spring Deadline: February 5, 2016

Summer Deadline: June 13, 2016

Application received after deadline will be reviewed

Continuing Students

On going

The **b2b Program** is a collaboration between Laney Community College's EOPS program and Beyond Emancipation (B:E). It is a 2 year program, designed to support current and former foster youth enter and be successful at Laney Community College and prepare for a satisfying and rewarding career. The program includes:

- ✓ Coaching, case management, information and referrals
- ✓ Guidance on college and financial aid applications and issues
- ✓ Academic counseling, education planning and support
- ✓ Potential paid internship
- ✓ Weekly skill-building and team-building workshops

b2b Eligibility

- ✓ Former or current foster youth or probation placement youth
- ✓ Earned GED or high school diploma
- ✓ Up to 25 years of age

Application Process

- ✓ Submit Application
- ✓ Interview
- ✓ Program Notifications

In order to be considered for interview, all check list items must be completed prior or by the deadline.

b2b Application Check List

Laney College: Matriculation Check List

- Complete Peralta online application.
- Go to Laney College's Welcome Center (A-101) to schedule their Math and English assessment along with orientation.
- Attend orientation and assessment appointment with valid ID (either California or school ID)
- Schedule Counseling COUN 200A or 201 class

B:E Check List

- Complete B:E intake (if needed).
- Complete b2b Application and Release form
- Ward of Court letter



900 Fallon Street,
Room A-106
Oakland, CA 94607
Phone: (510) 464-3423



675 Hegenberger Road,
Suite 100
Oakland, CA 94621
Phone: (510) 301-0786



PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Name: _____ Date: _____
LAST FIRST MI

Address: _____ City: _____ Zip: _____
APARTMENT #

Phone: () _____ Phone 2: () _____

Email: _____ Student ID# _____

Gender: Female Male Transgender

Date of Birth: / / Age: _____

Are you currently a non-minor dependent (in AB 12)? Yes No

RESIDENCY: Are you a California resident? Yes No Lived in California since: _____
YEAR

ETHNIC BACKGROUND:
 African-American, Black Caucasian, White Asian/Pacific Islander Hispanic Latino/a Other

HIGH SCHOOL INFORMATION: Do you have a: High School Diploma GED Name of High School: _____
Did you have an IEP or 504 plan? Yes No

EDUCATIONAL GOAL: Undecided Transfer 4-year College/University Certificate/License
 AA / AS Degree AA / AS Degree plus Certificate Other (Specify): _____

MAJOR: _____
Are you a returning student to Peralta Community Colleges (Laney, COA, BCC and Merritt)? No Yes

EMPLOYMENT STATUS: Employed Part-Time Current Employer: _____ Position _____
 Employed Full-Time Current Employer: _____ Position _____
 Not Employed but actively seeking employment Not employed and not actively seeking employment

CHILD DATA: Do you have any children? Yes No If yes, how many and what are their ages? _____
Do you need childcare? Yes No If no, what are your childcare resources? _____

DO YOU RECEIVE CALWORKS or General Assistance? Yes No If yes, for how long? _____

MARITAL STATUS: Married Single (never married) Separated Unknown Divorced Widowed

SUPPORT TEAM
Do you have a current **Child Welfare Worker**? Yes No
And may we contact them to discuss your application? Yes No

Name: _____ E-mail: _____ Cell: _____

Do you have a current **Probation Officer**? Yes No
And may we contact them to discuss your application? Yes No

Probation Officer name _____ E-mail: _____ Cell: _____

Do you have a current **B:E Transition Specialist**? Yes No Name: _____

And may we contact them to discuss your application? Yes No

Do you have a current **Therapist** **Mental Health Worker** **Psychiatrist**? Yes No

Organization(s) _____

Therapist Name _____ E-mail: _____ Cell: _____

May we contact them to discuss your application? Yes No

Mental Health Worker name: _____ E-mail: _____ Cell: _____

May we contact them to discuss your application? Yes No

Psychiatrist name: _____ E-mail: _____ Cell: _____

May we contact them to discuss your application? Yes No

Is your kinship/family network...: Very Supportive Supportive Not supportive No contact

Is your social network...: Very Supportive Supportive Not supportive No contact

PROGRAM ASSISTANCE What do you need assistance with?

Housing Employment Mental Health Resources Health & Wellness Family resources Academic Tutoring
 Mentorship Other, please specify: _____

Do you currently have any urgent safety needs: No Yes, please specify: _____

PROGRAM ENGAGEMENT

In order to succeed in college and earn your degree/certificate, you will have to commit to completing college tasks, homework/classwork, going to classes and study time. The **Engagement Levels** are based upon your awareness of your work goals, personal life and how you choose to incorporate college in your life. Pick your best Engagement Level that best fits where you are:

- B:E Engaged (Part Time Student):* You want to attend college, but you have other commitments that interfere with being full time. You may be attending college for the first time or unsure whether you want to complete college.
- B:E Equipped (Full Time Student):* You may be a continuing, returning or new student wanting to be full time because you have time available to balance personal responsibilities and college tasks.
- Unsure**



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: _____

Semester/Year: Fall _____ Spring _____ Summer _____

FOR OFFICE USE ONLY:

Staff Name _____	Agency _____	Phone _____
Email: _____	Staff Signature _____	Date _____

To be considered for the Summer/Fall 2015, complete application and submit:
E-mail: sshumate@beyondemancipation.org
Drop off/Mail: Beyond Emancipation • Attn: Shanina Shumate • 675 Hegenberger Rd Ste 100 • Oakland, CA 94621
Applications received after the deadline will be reviewed

Summer Deadline: June 12 by 4pm **Fall Deadline: August 28 by 4pm**