CalWORKs STUDENT NEEDS ASSESSMENT

Please check all items for which you would like more information.

____ EMERGENCY:  ___ FOOD  ___ SHELTER  ___ MEDICAL

____ TRANSPORTATION:
  o CAR REPAIR
  o OUTREACH/GUARANTEED RIDE PROGRAM
  o AUTOMOBILE INSURANCE

____ COUNSELING
  o CHILD / YOUTH COUNSELING
  o PARENTING EDUCATION AND WORKSHOPS
  o HEALTH INSURANCE
  o MENTAL HEALTH COUNSELING
  o SUBSTANCE ABUSE
  o DOMESTIC VIOLENCE INTERVENTION

____ HOUSING ASISTANCE / FAMILY STABILIZATION

____ EXPUNGEMENT OF LEGAL RECORDS

____ TATTOO REMOVAL

____ EDUCATIONAL GRANTS / FAFSA (PELL GRANT)

____ A COMPUTER FOR CLASS WORK

____ TUTORING FOR ________________________ CLASSES

____ OTHER ________________________________

____ NONE OF THE ABOVE

Your advisor will call you to discuss your needs in whatever areas you have checked above. Information also can be requested when needed.

Thank You

OTI Staff