

Student Name: (please print) _____

Date: _____



CalWORKs STUDENT NEEDS ASSESSMENT

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

- EMERGENCY:** **FOOD** **SHELTER** **MEDICAL**
- TRANSPORTATION:**
- CAR REPAIR**
 - OUTREACH/GUARANTEED RIDE PROGRAM**
 - AUTOMOBILE INSURANCE**
- COUNSELING**
- CHILD /YOUTH COUNSELING**
 - PARENTING EDUCATION AND WORKSHOPS**
 - HEALTH INSURANCE**
 - MENTAL HEALTH COUNSELING**
 - SUBSTANCE ABUSE**
 - DOMESTIC VIOLENCE INTERVENTION**
- HOUSING ASSISTANCE / 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