



Intake Form

Veterans Resource Center

Building 2700, Room 2750

4000 Suisun Valley Road

Fairfield, CA 94534

Office: (707) 864-7105 Fax: (707) 646-2092

E-mail: veterans@solano.edu Website: www.solano.edu/veterans

Name		Student Full SSN		Student ID
VA File Number (Veterans SSN – CH35 Only)			CH35 Only—Are you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Address	City	State	Zip	
Phone		Email		

CHECK ALL THAT APPLY: Are you interested in information about...

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> VA Healthcare | <input type="checkbox"/> Food Sources | <input type="checkbox"/> Book Assistance |
| <input type="checkbox"/> VR&E (CH31) | <input type="checkbox"/> Free Tutoring | <input type="checkbox"/> Housing | <input type="checkbox"/> EDD Unemployment |
| <input type="checkbox"/> VA Disability Claims | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Solano County VSO |
| <input type="checkbox"/> Work Study | <input type="checkbox"/> Classroom Accommodations (9-Line) | <input type="checkbox"/> Other: _____ | |

If you are the Veteran (Don't answer if you're a dependent):

Branch of Service: _____ Discharge Date: _____

Do you have a disability rating with the VA? No Yes

Do you have health insurance? No Yes

Is your health insurance through the VA? No Yes

SIGNATURE _____ DATE _____

****VETERANS RESOURCE CENTER STAFF ONLY****

Referrals Made:

	Financial Aid
	Vocational Rehabilitation
	Disability Claims
	Health Insurance
	Free Tutoring

	Personal Counseling
	Food Sources
	Housing
	Legal Aid
	Book Assistance

	EDD Unemployment
	VSO
	Work-Study
	Other
	Accommodations (DSP)

Notes:
