



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: <https://solano.edu/centers/veterans-resource-center/>

Full Name		Student ID	
Full SSN		Date of Birth	
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		

If you are the Veteran:

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

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 | <input type="checkbox"/> Other: _____ | |

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 (ACS)

Notes:
