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://welcome.solano.edu/vrc-homepage/

Full Name			Student ID
Full SSN	Date of Birth		
VA File Number (Veterans SSN – CH35 Only)	CH35 Only—Are you: ☐ Spouse ☐ 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…

☐ Financial Aid	☐ VA Healthcare	☐ Food Sources	☐ Book Assistance
☐ VR&E (CH31)	☐ Free Tutoring	☐ Housing	☐ EDD Unemployment
☐ VA Disability Claims	☐ Personal Counseling	☐ Legal Aid	☐ Solano County VSO
☐ Work Study	☐ Classroom Accommodations	☐ 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:

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Form Revision Date: 3/31/2025