



## Accessibility Center for Education

# INTAKE FORM 2023-2024

Name (Last, First): \_\_\_\_\_

W Number # (Chabot College Student ID number): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender / preferred pronouns: \_\_\_\_\_

Student's Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Student's Email: \_\_\_\_\_

Emergency Contact Name and Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

What is your major or educational objectives at Chabot College?

\_\_\_\_\_

Disability or Limitation: \_\_\_\_\_

Are you a client of:

Counselor's name: \_\_\_\_\_

☐ State Department of Rehabilitation

☐ Regional Center of the East Bay

Have you applied for financial aid through FAFSA or the California College Promise Grant fee waiver (formerly the BOG fee waiver)? ☐ Yes ☐ No

Are you a part of other special programs at Chabot? ☐ Yes ☐ No

If yes, please include name of program: \_\_\_\_\_

(Aspire, CalWORKS, CARE, EOPS, Excel, Guardian Scholars, MESA/Trio STEM, PACE, Puente, Umoja, RISE, or Veterans)

Have you attended any other college besides Chabot college? ☐ Yes ☐ No

If yes, have you received assistance from Disabled Student Services?

College: \_\_\_\_\_ Qtr/Sem & year: \_\_\_\_\_

Accommodations/ services? \_\_\_\_\_

Please check which semester you will begin or resume classes.

☐ Summer (2023) ☐ Fall (2023) ☐ Spring (2024)

Signature \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please remember to update this form once per year. Thank you!**