



**Rising to Success TAP
Eligibility Form**

CSID: _____
DOB: _____
Campus/Site: _____
Term: _____ FT PT
Program/Course: _____
Staff/Faculty Referred: _____
Submit to amadrigal@sdccd.edu

Name _____
Last First MI

Address _____

Telephone _____ Email _____

Gender (Check One)

Female Male Other: _____ Decline to State:

Preferred Gender Pronouns: _____

Ethnicity (Check all that Apply)

- Native American
- Black/African-American
- Latino
- Other Non-White
- More than two
- Asian
- White
- Filipino
- Pacific Islander
- Decline to State

Check all that apply:

- Low-Income
- Underemployed/ Unemployed
- Disabled
- Veteran
- Homeless (includes transitional housing)
- Former Foster Youth
- Formerly Incarcerated
- Immigrant or Refugee (includes Undocumented student)

Do you currently receive CalFRESH? Yes No

Are you currently on Medical? Yes No

Source of Income (Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> TANF/ CalWORKS | <input type="checkbox"/> Employment or Self-Employed |
| <input type="checkbox"/> Social Security and/or Retirement | <input type="checkbox"/> Spousal or Child Support |
| <input type="checkbox"/> State Disability or Unemployment | <input type="checkbox"/> Other _____ |

What is your total annual household income? (Check One)*

- | | |
|--|--|
| <input type="checkbox"/> Family Size of 1 \$18,210 or less | <input type="checkbox"/> Family Size of 5 \$44,130 or less |
| <input type="checkbox"/> Family Size of 2 \$24,690 or less | <input type="checkbox"/> Family Size of 6 \$50,610 or less |
| <input type="checkbox"/> Family Size of 3 \$31,170 or less | <input type="checkbox"/> Family Size of 7 \$57,090 or less |
| <input type="checkbox"/> Family Size of 4 \$37,650 or less | <input type="checkbox"/> Family Size of 8 \$63,570 or less |

For each additional family member add \$6,480 _____

What is the highest level of education you have completed? (Check all that Apply)

- | | |
|---|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> CTE/Vocational Training School |
| <input type="checkbox"/> High School Diploma/ GED | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Continuing Education Course(s) | <input type="checkbox"/> College Degree or Higher |

Are you actively looking for work? YES NO | PART TIME FULL TIME

Educational Goal: _____

Career Goal: _____

I certify that the information I have provided on the TAP Eligibility Intake Form is true and correct to the best of my ability

Signature: _____ Date: _____

Print Name: _____



*Must provide documentation of income source and proof of household income