

ASSISTANCE INTAKE FORM

COOPER STANDARD GRANT

Student Options for Success (SOS)

Email: sos@macomb.edu

Phone: 586.447.8609

Center H114 South G205

Fax: 586.445.7160

Macomb Community College, through funding from Cooper Standard, offers assistance for veterans in skilled trades and/or manufacturing programs at the College to fund non-tuition expenses. This information must be submitted to SOS via fax, email, or in person. Approved funds are disbursed to your Macomb One Card, if applicable. Documentation of military status or costs must be presented upon request. If awarded, receipts are required to be submitted within one month of the award.

DEMOGRAPHIC

Date: _____

Do you have a documented (ADA) disability? Yes No Please specify: _____

Do you need assistance with activities or daily living? Yes No Were you ever in foster care? Yes No

HOUSEHOLD

People in Household #: _____ Who lives here (parents, children, etc.): _____

Dependents/Children #: _____ Age of Dependents /Children: _____

Marital Status: Single Married Divorced Separated Other _____

Is someone in your household pregnant? Yes No

Do you have access to a computer with internet? Yes No Sometimes

Annual household Income: \$0-\$10,000 \$10,001-19,999 \$20,000-29,999 \$30,000-39,999 \$40,000-49,999 \$50,000+

Do you currently receive public benefits? Yes No Do not include GI Bill.

If yes, which do you receive? (Check all that apply): Medicaid/Medicare Food Assistance Childcare Cash Assistance
 Other _____

Who (person or office) referred you to this program: _____

EMPLOYMENT

Are you currently employed? Full-time Part-time Temporary/Seasonal Unemployed

Do you work in the industry you want to? Yes No

What type of work experience do you have?

VETERAN/MILITARY

Military Status: Check all that currently apply. Veteran Active Duty Reservist National Guard Dependent/Spouse

Are you using GI Bill to pay for school? Yes No

Which Chapter: Montgomery (30, 1606, 1607) Post 911 (33) Survivor/Dependent (35) Voc Rehab (31)

Do you currently have healthcare coverage? Yes No Do you use VA health care? Yes No

Do you have a VA assigned Disability Rating? Yes No If yes, what percentage: _____

Are you currently receiving services from a county Veterans Services office? Yes No

If Yes, which county? Macomb Oakland St. Clair Wayne

Which services are you receiving? Check all that apply. Gas cards Bus tickets Emergency funds Food bank Other _____

ACADEMIC

I am in a Manufacturing Related program: Yes No

Type of Program: Certificate Associate

Program Name: _____

Where do you prefer to attend classes? Check all that apply. Center Campus South Campus Online M-TEC East Campus

Which barriers are preventing you from achieving your academic goals? Check all that apply:

- | | | | | | |
|--|--|---|--|--|--|
| <input type="checkbox"/> Transportation: | <input type="checkbox"/> Housing | <input type="checkbox"/> Clothing | <input type="checkbox"/> Food | <input type="checkbox"/> Utility costs | <input type="checkbox"/> Textbooks/School Supplies |
| <input type="checkbox"/> Fuel costs | <input type="checkbox"/> I am currently homeless | <input type="checkbox"/> I have a shut-off notice | <input type="checkbox"/> I have an eviction notice | | |
| <input type="checkbox"/> Car repair | <input type="checkbox"/> Affordable childcare | <input type="checkbox"/> Mental health | <input type="checkbox"/> Medical needs | | |
| <input type="checkbox"/> Bus tickets | <input type="checkbox"/> Other (please specify): _____ | | | | |