NEXT UP
COOPERATING AGENCIES FOSTER
YOUTH EDUCATION SUPPORT

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Student ID: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip _____

E-mail: _____

Opt. in for text messages: ☐Yes ☐No   Opt.in for monthly meal tickets ☐Yes ☐No

Major: _____ Educational Goal: _____

STUDENT BACKGROUND

Were you in foster care in CA? ☐Yes ☐No

If yes, was the foster care placement through DCFS or Probation? ☐DCFS ☐Probation ☐I don't know

Did you have an open case after the age of 16? ☐Yes ☐No

Are you under the age of 25? ☐Yes ☐No

Have you applied for the Chafee Grant? ☐Yes ☐No

If no, would you like more information on applying? ☐Yes ☐No

Do you have reliable transportation? ☐Yes ☐No

If yes, please check off which applies to you: ☐I take public transportation (Bus, Train) ☐I drive

Do you have health care coverage? ☐Yes ☐No

If no, would you like more information on applying? ☐Yes ☐No

Do you know your rights as a foster youth? ☐Yes ☐No

If no, would you like more information ☐Yes ☐No

Are you receiving Cal-Fresh? ☐Yes ☐No

If no, would you like more information on applying? ☐Yes ☐No

Do you have stable housing? ☐Yes ☐No

If no, would you like more information on applying? ☐Yes ☐No

How many units are you enrolled in at this time? _____units

SUPPORT SERVICES & REFFERALS

Please check off any of the following you would like to receive more information about:

☐Transfer Counseling ☐Personal Counseling ☐School Supplies ☐Career/Job Readiness ☐Parenting tips & Support

☐Tutoring ☐Housing ☐Financial Literacy ☐Child Care ☐Transportation ☐Housing Assistance ☐Peer Mentoring

☐ Mental Health Wellness ☐Health & Wellness Services ☐CalFresh ☐Emergency Food Support

☐Other: _____

I certify that the above information is true and accurate to the best of my knowledge:

_____   _____

Student Signature   Date

MUTUAL RESPONSIBILITY CONTRACT

In order to remain eligible for the NEXT UP (Formerly known as CAFYES Program), I_____ agree to:

_____ Enroll in and complete **9** units per semester, maintain an overall 2.0 GPA, and be in good academic standing with the college (DSPS students minimum 6 units per semester with proof of DSPS status in your EOPS file)

_____ Complete the **three** mandatory contacts as an EOPS student

- o Meet with the EOPS/NEXT UP counselor to update or review my educational plan (SEP) each semester.
- o Submit midterm progress reports and if necessary meet with a counselor to create a plan to improve grades in classes where the professor states I need improvement.
- o Meet with the EOPS/NEXT UP counselor for an Exit Contact.

In addition to the three mandatory contacts EOPS requires, I will have two additional contacts specifically for the NEXT UP program. These **two additional contacts** will be as follows:

- o Meet with the EOPS/CAFYES counselor in addition to the two meetings listed above
- o Attend a NEXT UP activity such as a financial literacy, stress management, and/or study skills workshops

_____ Notify the NEXT UP staff of any changes in contact information such as email, address, and/or telephone number.

_____ Not withdraw or drop any of my courses without first speaking with the EOPS/NEXT UP counselor

_____ If the student meets all the requirements listed above the Next UP program agrees to provide additional services above and beyond EOPS, budget permitting, these may include but are not limited to the following:

- o Meal tickets, NEXT UP Counseling, Specialized workshops, Cash grant (distributed at the beginning of the next semester for eligible students), School supplies such as blue books, scantrons, pens, pencils, etc., referral services for mental health, housing, CALFRESH, tutoring etc.

_____ In order to be eligible for a cash grant you must meet the following criteria:

- o Be in good academic standing with the college
- o Follow your educational plan and be making progress towards your educational goal
- o Maintain at least 3 units
- o Have applied for financial aid and have an unmet need
- o Have LATTC as your financial aid school
- o Complete a financial literacy workshop

By signing below, I acknowledge that I have read and understand the requirements and benefits of the NEXT UP program.

_____   _____   _____
Signature of EOPS/CAFYES applicant   DATE   Student ID#

_____   _____
Signature of EOPS/CAFYES Designee   DATE