

## Consent

Thank you for taking the time to complete this eligibility survey.

Please read the text below to confirm that you understand that taking this survey to determine your eligibility is completely voluntary and that failure to complete the survey will NOT affect your relationship to UCR in any way.

When you have completed the survey, please email back to Dr. Tuppert Yates, [tuppert@ucr.edu](mailto:tuppert@ucr.edu). Please allow 2 weeks for us to follow up with you. If you have any questions regarding your eligibility or questions about the survey, please call: 951-827-6545.

\*\*\*All questions require answers, but you can enter in "do not know" or "prefer not to answer" as a valid response \*\*\*

**\*1. By marking "yes" I am agreeing that I understand that completing this survey is voluntary and is only intended to gather my information for program eligibility purposes.**

Yes

No

**\*2. Please provide your full name.**

**\*3. What is your Date of Birth?**

[Example: 01/02/2003]

**\*4. Please provide your UCR email.**

**\*5. What is your student identification number (SID)?**

**\*6. Please provide the best number where we can reach you, in case we need to follow up with you by phone.**

(Example: 000-555-2222)

**\*7. What is your major? (it is fine to say "undecided")**

**\*8. What is your student status? (Incoming Freshman, current Freshman, Sophomore, Junior, Senior, etc.)**

**\*9. Were you in foster care for any period of time BEFORE the age of 13?**

- Yes  
 No

**\*10. Were you in foster care for any period of time SINCE the age of 13?**

- Yes  
 No

**\*11. If you were EVER in foster care, which county heard your case (i.e., in which county were you considered a ward/dependent of the court?)**

**\*12. Where were you living just BEFORE you came to UCR?**

- With one or more biological or adoptive parents  
 With a member of my extended family (e.g., aunt/uncle, grandparent)  
 With a sibling (i.e., a sibling was your guardian or primary care provider)  
 With one or more foster parents  
 In a group home or other residential facility

Other (please specify)

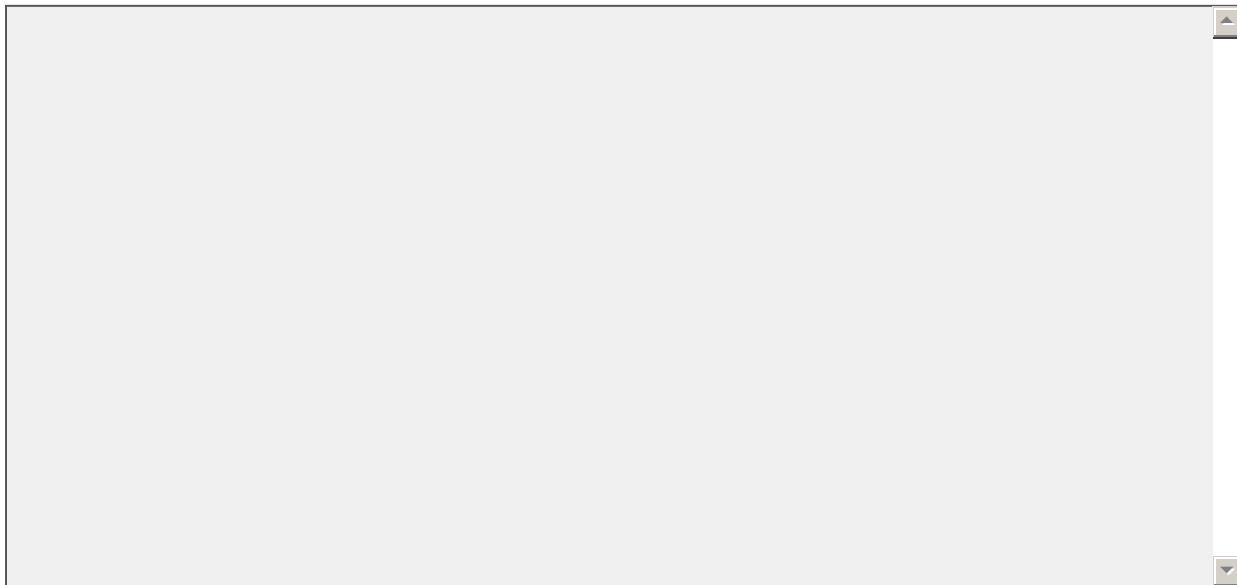
**\*13. Do you/are you eligible to receive Chafee? (Chafee is a federal grant awarded to a subset of foster youth and would appear on your GROWL)**

- Yes  
 No  
 Unsure

**\*14. Do you/are you eligible to receive AB12 (aka extended foster care benefits)?**

- Yes
- No
- Unsure

**15. Please use the space below to provide any additional information you would like to share with the committee to help determine your eligibility for these two programs.**



## We Will Be In Touch

Thank you for taking the time to complete this survey. Please be sure to email to [tuppett@ucr.edu](mailto:tuppett@ucr.edu). Once we receive it, please allow 2-3 weeks for us to follow up regarding your eligibility for the Foster Youth Support Services Program or the Guardian Scholars Program.

If you have any questions in the meantime, please do not hesitate to reach us at:

Tuppett yates, PhD  
Executive Director  
Guardian Scholars Program  
[tuppett@ucr.edu](mailto:tuppett@ucr.edu)  
951-973-2226