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## STUDENT RESOURCE CENTER INTAKE FORM

**T.2200 / Phone: 612-659-6709**

### Why do I need to fill out this form?

The Student Resource Center is funded by grants which require us to collect general information on students using our services. By completing this form each academic semester, you are helping us receive the necessary funding to continue providing support to Minneapolis College students. Thank you!

- If you need a Resource and Referral – Please complete the yellow TEFAP form.
- If you need the Student Parent Center – Please visit T.2200 to register.

**Please note all communications are sent to your Minneapolis College issued email address.**

### INFORMATION ABOUT YOU

**Last Name:**

**First Name:**

**Middle Initial:**

**Star/Tech ID:**

**Phone Number:**

**Okay to leave voicemail?**

**Yes**

**No**

*The Student Support Center  
cannot send text messages.*

**Preferred Name (if different):**

**Pronouns – How do we refer to you?**

**Gender – Please check all that apply.**

Male

Female

Non-binary

Transgender

Two-Spirit

My Description:

Prefer not to answer

### EMERGENCY CONTACT INFORMATION

**Name:**

**Phone:**

**Relationship to you:**

Minneapolis College will not discriminate against any person because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance or membership in a local commission. Minneapolis College prohibits sexual harassment and sexual violence.

**CONTINUED ON OTHER SIDE - PLEASE COMPLETE THE BACK**

## INFORMATION ABOUT HOW WE MAY BETTER SERVE YOU

### How did you find out about the Minneapolis College Student Support Center?

Self – Referral	Accessibility Resources Center
Boynton Health Services	Email
Friend/Family	Academic Advisor
Minneapolis College Student	Other Employee
Website	Other

### What brings you to our office? Please check all that apply

Childcare	Transportation Assistance
Food Assistance	Internal Resources
Housing Assistance	External Resources

### Have you experienced any of the following within the last 12 months? Please check all that apply.

Bullying	Drug or Alcohol Abuse
Domestic Violence	Sexual Violence

### Are you a parent or guardian of minor children?

Yes                      No

If Yes, what are your children's ages? Please list only the ages of children under 18.

### Are you currently homeless or highly mobile?

Yes                      No

### Are you now serving, or have you ever served in the United States armed forces?

Yes                      No

### Number of family members in household?

In the space below, please provide any additional information that we should know.

Student Signature:

Date: