

CC_ Basic Needs Referral Form

Cerro Coso Community College Basic Needs Center strives to support students to be successful by ensuring their basic needs are met through resources, access, and advocacy. Basic needs include access to nutritious foods, mental and physical healthcare, technology, transportation, and more. Having one's basic needs met has a direct impact on the academic performance, mental health, physical health, and holistic well-being of our students.

Please complete the form below to connect with support. After you complete the form, a staff member will reach out to provide information and resources to the student. If you would like immediate assistance, please consider visiting the Basic Needs Center located in the Student Center at the Ridgecrest Campus or by calling 760-384-6370. Students are welcome to walk in to access food and clothing supplies or connect with our team.

Background Information

You are currently authenticated as tanner.barnett. Not you? (https://cm.maxient.com/reportingform.php?KernCCD&layout_id=65&logout=true)

Student Information

Please provide all your student information such as full name and Student ID, without this information we cannot support you.

Questions

| Please select which service(s) may be needed. You can select multiple, if/as needed. (Required) |
|---|
| □ Food |
| ☐ Grocery Card |
| ☐ Meal Card |
| ☐ CalFresh Application Support |
| ☐ WILEYFresh Program |
| □ Clothing |
| ☐ Hygiene |
| ☐ Mental Health |
| ☐ Book Purchase |
| ☐ Physical Health |
| ☐ Technology |
| ☐ Housing |
| ☐ Transportation |
| □ Other |
| |
| Please indicate which services or programs in which you are connected: (Required) |
| ☐ Veteran Services |
| □ CalFresh |
| □ DSPS |
| □ EOPS |
| □ CalWORKS |
| □ CARE |
| ☐ Foster/NextUP AB540 |
| ☐ Financial Aid |
| □ Umoja |
| ☐ Rising Scholars |
| ☐ Early College |

| ☐ Other | | | |
|--|---|----------------|--|
| \square None of the above | | | |
| | | | |
| Please provide a short description explaining | g this request's reason and or immediate need | d. Please be | |
| specific in your request about your current s | ituation. (Required) | | |
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| I have provided all of my contact information may not be contacted. (Required) | above and understand without providing the | information, I | |
| O I have provided all of my information. | | | |
| Supporting Documentation | | | |
| Photos, video, email, and other supporting documents may be attached below. 5GB | | | |
| maximum total size. | · | | |
| Attachments require time to upload, so please be patient after submitting this form. | | | |
| Choose files to upload | | Choose Files | |
| | | | |
| | Submit | | |
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