



CARE Support for Ongoing Success (SOS) Request Form

First Name _____

Last Name _____

Student ID# _____

Please tell us about the challenge are you facing? _____

Approximate Date Challenge Began _____ Cell Phone _____

Email _____

I am facing an Extenuating Circumstance and need support to successfully complete the term:

I am facing an challenge and need support to successfully complete the term:

- Homelessness/Housing Insecurity
- Death in the Family
Relationship:(ex: mother)_____
- Critical Medical Condition

- Basic Needs (food, mental health, utilities, etc)
- Challenge with a class :(ex English-1A)_____
- Challenge with Program/Department _____
- Other:_____

I am requesting the following support:

- Resources for Food Assistance _____
- Resources for Temporary Housing Assistance _____
- Mental Health/ Free Therapy Support _____
- Notifying My Professors and/or Dropping Courses _____
- Emergency Funding Resources _____
- Please have a CARE Team Member Contact me to help me understand my support options: Best day and time to call: _____
- Other:_____

Student Signature: _____

You are important to us and your information will remain confidential. We want to do all we can to support you. By Signing this form, you give us permission to share your contact information with the staff who can connect you with the resources to get through.