SBVC - Basic Needs Referral Form

San Bernardino Valley College is committed to fostering belonging and supporting students in meeting their basic needs allowing them to focus more time on their academics and pursuing their professional and personal goals. Our Basic Needs supports students in various circumstances and provides a place where students can be connected with essential resources such as food, hygiene products or general resources on and off campus.

You must be a currently registered student to complete the form if you are requesting basic needs services and/or would like more information regarding general resources.

Referrals from this form will be received during normal business hours (M-F, 8AM-5PM) and are not monitored after-hours, on weekends or during office College/SBCCD holidays.

For immediate assistance contact 2-1-1 Inland Empire by dialing 211 or go to https://inlandsocaluw.org/211 (https://inlandsocaluw.org/211) for housing assistance, shelter referrals, and access to county resource directory.

Food Assistance CalFresh Program https://www.valleycollege.edu/current-students/student-life/calfresh/index.php (https://www.valleycollege.edu/current-students/student-life/calfresh/index.php)

Virtual Support Services 24/7 **timelycare.com/sbvc (https://timelycare.com/sbvc)**

Student Information

Enable additional features by logging in. (https://cm.maxient.com/reportingform.php?SanBernardinoCCD&layout_id=18&promptforauth=true)

Student Name:

Student ID #:

Student phone number:

Student email address:

Referring party

If you are completing this to refer a student, please provide your information below.

Staff name

Staff phone number:

Staff email address:

Add another party

Screening Questions

The information provided in this form is used by the Basic Needs Office to understand how we can best assist you.

Which of these resources are you seeking assistance for? (Please check all that apply) (Required)

- [ ] Food
- [ ] Health and Well-being
- [ ] Safety (e.g. Stalking, Domestic Violence, Bullying, Threats, Suicide Prevention)
- [ ] Transportation
- [ ] Housing Support
- [ ] Other

If you selected "Other", please provide more details. (Required)

Please provide a brief description regarding why you are seeking assistance or referring someone. (Required) (Required)

Have you already attempted to resolve or improve your situation? (If a referral what support or resources have you given the student?) (Required)

- [ ] Yes
- [ ] No
- [ ] Other

If you selected "yes or other" what resources have you used or provided. Please list all resources used? (Required)

Are you currently experiencing food insecurity? Check only ONE of the following: (Required)

- [ ] Yes, I am experiencing hunger and I do not have CalFresh benefits
- [ ] Yes, I have some food but not enough to carry me through the month and/or I have run out of CalFresh benefits for this month
- [ ] No, I am not experiencing food insecurity
- [ ] I would like additional food pantries in San Bernardino.

What on-campus programs are you currently participating in? (Check all that apply) (Required)

- [ ] CalWORKs
- [ ] EOPS
- [ ] Guardian Scholars
- [ ] VRC
- [ ] Puente
- [ ] Umoja
- [ ] Dreamers

- [ ] Athletics
- [ ] SAS (student accessibility services)
- [ ] DEEP
- [ ] other (please list)

If selected Other program please list, if none type N/A?

How did you hear about the Basic Needs Support? (Required)

- [ ] Email
- [ ] Website
- [ ] Faculty/Staff
- [ ] Social Media
- [ ] Word of Mouth
- [ ] Other

If you selected "Faculty/Staff, Word of Mouth or Other", please provide the name of the person who referred you if known.

Submit