



Application for: Fall ___ Spring ___ Summer ___

CARE Application

Cooperative Agencies Resources for Education

Student Name _____ ID # _____

Address _____ Apt. _____

City _____ Zip Code _____

Email _____

Home # _____ Work # _____ Cell # _____

PART 1: Preliminary Information

- Are you, or your dependents, currently receiving TANF or CalWORKs (eligibility requirement)? YES NO
Date TANF/CalWORKs benefits began: _____
Are you currently single head of household (eligibility requirement)? YES NO
Are you at least 18 years of age? YES NO
Do you have at least one child under 18 years old (eligibility requirement)? YES NO
Are you part of the College's CalWORKs program? YES NO
Have you completed a Free Application for Federal Student Aid (FAFSA)? YES NO
Have you completed a California Dream Act Application (CADAA)? YES NO N/A
Are you currently employed? Full-time Part-time Unemployed

PART 2: Personal Information

- As of today, you are: [] Single [] Married [] Separated [] Divorced [] Widowed
Name(s), date of birth, and age of dependent child(ren):

Table with 3 columns: Last Name, First Name, Date of Birth, Age. Rows 1-6 for dependent children.

I certify that I have met all of the CARE eligibility requirements listed above. I declare under penalty of perjury that all information on this form is correct. I understand that falsifying or withholding information required on this form is grounds for program disqualification. I agree to provide copies of county verification (i.e. Verification of Benefits, Notice of Action):

Applicant's Signature _____ Date _____

FOR OFFICE USE

Date student was approved for EOPS: _____ EOPS Orientation Date: _____

CARE Application status: Approved ___ Denied ___ CARE Orientation Date: _____

CARE Coordinator/Designee Signature: _____

Notes: _____