

PLEASE RETURN THIS COMPLETED FORM TO:

WEST LOS ANGELES COLLEGE

EOPS/CARE PROGRAM

9000 OVERLAND AVENUE, CULVER CITY, CA 90230

(310) 287 – 4317 or FAX (310) 287 - 4249

For care office use only

Received by: _____

Date: _____ Time: _____

CARE Eligibility Approval Signature

Date: _____

UNTAXED INCOME VERIFICATION-AGENCY CERTIFICATION

EOPS and CARE regulations require us to verify your household's financial resources. The information provided below will be used only for the purpose of determining EOPS and CARE eligibility and will be confidential per Section 76200-76246 of the California Education Code and the 1974 Family Education Rights and Privacy Act.

TO BE COMPLETED BY STUDENT BEFORE SUBMITTING TO AGENCY

I Authorize the appropriate office/agency to provide the information requested by West Los Angeles College.

Case Name under which benefits are paid: _____

CARE Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS

**ELIGIBILITY FOR CARE IS LIMITED TO SINGLE HEADS OF HOUSEHOLDS WHO ARE CURRENTLY RECEIVING TANF/CalWORKs

1. The person named above does NOT receive assistance from this agency: (please indicate below)

No Record _____ Not Eligible _____ (reason) _____

2. The recipient CURRENTLY receives benefits as listed below: (please fill in the blanks unless stated otherwise)

a) Type of benefit: _____ Date benefits began: _____

b) TANF/CalWORKs duration: _____ Cash grant for CalWORKs: \$ _____

c) Cash grant to pay for CHILDCARE EXPENSES while attending classes at WLAC? YES NO

d) Amount of childcare economic assistance per month: \$ _____ (Disregard if no monetary assistance is provided)

e) Economic assistance to pay for childcare expenses is paid for: (Disregard if no monetary assistance is provided)
Class Attendance _____ Employment/Training _____ Other _____

3. Is the student identified as a Single Parent Head of Household by your agency? YES NO

4. Is a change of termination of benefit anticipated during this year? YES NO

Name and Title of Agency Representative

Signature

Date

Telephone and Fax Numbers

AGENCY STAMP REQUIRED

Name of CARE Applicant _____ SID# _____



CARE Program

Cooperative Agencies Resources for Education

(310) 287-4317

Dear CalWORKs/TANF Representative:

The CARE Program is a state funded program designed to provide support service assistance to CalWORKs/TANF recipients, at least 18 years old, single parent head of household students. The purpose of the program is to provide special assistance designed to enhance the success of such students in a college program. All of these types of assistance are considered educational related resources and should not have an impact on a student's public assistance status.

Students who apply for the CARE Program will be asking CalWORKs representatives to complete a CalWORKs Certification. This document will be used to determine the following:

1. Whether or not the student is a current recipient of CalWORKs/TANF benefits.
2. Whether or not the student is a single parent head of household (as defined by your agency).

If you have any questions, regarding the program, please call me and I will be glad to answer any questions.

Sincerely,

Alma Narez-Acosta
CARE Coordinator
EOPS/CARE Counselor