

SAN MATEO COMMUNITY COLLEGE DISTRICT

CaWORKs PROGRAM INTAKE FORM

Term: Fall Spring Summer Year _____ New Continuing Returning

Last Name _____			First Name _____			Middle Initial _____		
Student ID/G# _____			Date of Birth _____			Maiden/Other Name _____		
Phone # _____			Email _____					

Referred by: _____

Case Manager: _____

Agency: _____

Phone Number: _____

Previous Educational Experience:

Do you have a High School diploma or GED? Yes No

Previous College/Vocational Institution Attended _____ Year _____

Educational/Career Goals:

Certificate A.A/A.S. Degree Transfer Major _____

Marital Status:

Single Separated Divorced Widowed Married

Household Information: (Number of dependents)

First Name	Last Name	Age	Relationship

Employment History:

Job Title _____ Company _____ End date _____

Job Title _____ Company _____ End date _____

Financial/Benefits Information:

Cash Aid Medical Food Stamps SSI/SSP Other (Explain) _____

How many years/months has your family received benefits?

Less than one year 1 year 2 year 3 years More

Do you need a parking permit or bus pass? Yes No Parking Permit # _____

Do you need childcare while you attend Skyline? Yes No

Have you applied for Federal Financial Aid (FAFSA)? Yes No Date _____

Have you applied to the EOPS Program? Yes No Date _____

Are you interested in on campus or off-campus work study? Yes No

I understand that the information I have provided will be used in determining eligibility for services, and I certify under penalty of perjury that this information is true, complete, and accurate to the best of my knowledge.

Student Signature

Date