



**Extended Opportunities Program & Services
COOPERATIVE AGENCIES RESOURCES FOR EDUCATION
CARE PROGRAM APPLICATION
2014-2015**

For EOPS eligible students who are receiving Cal WORKs, or Medi-Cal, SSI, and/or Food Stamps and who have children under the age of 14 who are receiving cash aid

Name: _____ Date of Birth: _____

SSN: _____ Student ID: _____

Mailing Address: _____

City: _____ Zip: _____

Phone#: _____ E-mail: _____

Preliminary Criteria:

Are you currently eligible for EOPS: Yes___ No___
 Have you applied for Financial Aid: Yes___ No___
 Do you have a child (ren) under the age of 14: Yes___ No___

Marital status: Single___ Married___ Divorced___ Married/Separated___
 Are you single head of household: Yes___ No___
 Who is receiving Cash Aid: Self___ Children only___
 Please specify start date of cash benefits: _____

County of : _____ CA

NOTE: Please fill out and sign income verification form (attached) before you submit application to our office. We can not process your application with out it.

Personal Information:

Names of dependant children

NAME	DATE OF BIRTH	AGE

Are you enrolled or participating in the following programs or services:

WIA (Workforce Investment Act)____ Cal WORKs supportive services____
Fast Track to Work (FTTW)____ Medi-Cal____
Food Stamps____ SSI____
Department of Vocational Rehabilitation____ Disabled Student Services____

Have you completed a Cal WORKs assessment: Yes___ No___
Name of Cal WORKs Employment Training Specialist: _____
Phone: _____

Are you currently receiving childcare payment services: Yes___ No___
If yes, who is currently handling payments: Human Resources____
Parent Association____ Other _____

Academic goal:

Vocational (Certificate/Skills Program)____ Transfer____

Employment status:

Are you currently employed: Yes___ No___
FTTW work study____ Federal work study____ Community service/Volunteer____
Internship____ Other____

Hours per week: _____

Applicant's signature Date

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FOR OFFICE USE ONLY

Eligibility Criteria

Student is EOPS eligible Yes___ No___
Student is over the age of 18 Yes___ No___
Student is a CalWORKs participant Yes___ No___
Cash aid eligibility verification Yes___ No___
Single head of household verification Yes___ No___

Care Eligibility Status Determination:

Yes___ No___ Date: _____

Authorizing Signature: _____

CARE

Cooperative Agencies Resources for Education
Cabrillo College
Untaxed Income Verification Agency Certification
2014-2015

CARE regulations require us to verify family's financial resources. The information provided below will be used only for CARE purposes 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 and returned to the EOPS Office at Cabrillo College

"I authorize the appropriate office/agency to provide the information requested by Cabrillo College"

Case Name under which benefits are paid (please print)

First _____

Last _____

SSN _____

CARE Applicant's Signature _____ Date _____

If you or your children are currently receiving cash aid from CalWORKs check here: _____

To be completed by the Agency

A. The above applicant is receiving CalWORKs cash aid benefits for their household ___ Yes ___ No

B. The date benefits began: _____

C. The applicant is a single head of household: ___ Yes ___ No

D. Comments _____

Agency Representative _____

Title _____

Signature _____

Date _____

AGENCY STAMP REQUIRED

Please return to: EOPS Program-Cabrillo College, 6500 Soquel Dr., Aptos, CA 95003 or FAX: 479.5009