2700 East Leland Road · Pittsburg CA 94565-5197 · Tel.# (925) 473-7482 · Fax # (925) 427-1599

Cooperative Agencies Resources for Education / California Work Opportunities and Responsibilities to Kids

CARE and CalWORKs Programs Application

Enrollment Term: ☐ Summer 2018 ☐ Fall 2018 ☐ Spring 2019

CONTACT INFORMATION: (All fields required)

_____ * _____

Name of Applicant (Please Print) College Student ID # (must provide number)

_____ _____

Street Address City State Zip Code Date of Birth

* _____ _____

LMC E-mail Address Phone Number

ELIGIBILITY:

Marital Status: _____ *Single* _____ *Married* _____ *Divorced* _____ *Separated* _____ *Widowed*

Housing Plans: _____ *Off Campus Housing* _____ *with Parents*

EOPS/CARE STATUS:

YES	NO	
_____	_____	*Do you receive assistance from CalWORKs/TANF/AFDC?*
_____	_____	*Have you applied for Financial Aid (FASFA)?*
_____	_____	*Are you currently employed? If yes, where?* _____

DEPENDENT STATUS:

Please list the names(s), age(s), and birthdate(s) of your dependent child(ren):

FULL NAME	AGE	BIRTHDATE	RELATIONSHIP (Daughter/Son)
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

Childcare Services:

☐ *LMC Child Study Center* ☐ *Private CHILDCARE* ☐ *STATE Assistance (Head Start, etc.)* ☐ *Other:* _____

CERTIFICATION:

All Applicants: Please read this STATEMENT and SIGN BELOW

I certify under penalty of perjury under the laws of the State of California that I have provided complete and accurate response to all the items on this application. I further certify all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize the Los Medanos College, CalWORKs and CARE Programs to release any information submitted by me in connection with my application to any person, firm, corporation, association, or government agency to verify or explain the information I have provided to obtain other records necessary for my application, or in connection with perjury proceedings. Some of the information that could be shared with outside agencies include, but are not limited to, transcripts, semester grades, course schedule. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment.

_____ _____

Applicant's Signature Date

Enrollment Term: ☐ Summer 2017 ☐ Fall 2017 ☐ Spring 2018

TO BE COMPLETED BY CalWORK's APPLICANT
(All fields required)

Case NAME under which benefits are paid (Please Print) _____ Case Number _____

CalWORKs Applicant's Signature _____ Email _____ Date _____

I authorize the appropriate office/agency to release information to Los Medanos College. CalWORKs and/or CARE programs require us to verify your family's resources. The information provided below will be used only for CalWORKs /CARE purpose(s) 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 EHS AGENCY CalWORKs/TANF/AFDC VERIFICATION:

☐ YES ☐ NO *Is the CalWORKs applicant receiving cash assistance from **CalWORKs/TANF?***

☐ YES ☐ NO *Is the CalWORKs applicant's child(ren) receiving cash assistance from **CalWORKs/TANF?***

☐ YES ☐ NO *Is the CalWORKs recipient **SINGLE HEAD OF HOUSEHOLD as determined by EHS?***

☐ YES ☐ NO *Is the CalWORKs recipient **sanctioned**? (If "yes" please attach copy of Compliance Plan, or circle and initial the following: "NONE"_____)*

Date CalWORKs/TANF/AFDC began. (Month/Year) _____/_____

Signature, Eligibility Worker (sign & print) _____ Date _____ Telephone Number _____

WELFARE TO WORK VERIFICATION:

CalWORKs Applicant is: ☐ SIP ☐ Self-Referred ☐ County Referred ☐ Exempt

*CalWORKs Applicant **has /or is developing** a WTW activity plan (WTW 2)?* *Attach a copy ☐ YES ☐ NO

Application is incomplete without a copy

Approved plan (ex: major, vocational training) _____

	Eligible for Services		Receiving Services	
*CalWORKs Applicant is currently eligible for **Paid TRANSPORTATION Benefits**?*	☐ YES	☐ NO	☐ YES	☐ NO
*CalWORKs Applicant is currently eligible for **Paid Book Voucher & Supply Benefits**?*	☐ YES	☐ NO	☐ YES	☐ NO
*CalWORKs Applicant is currently eligible for **Paid CHILDCARE Benefits**?*	☐ YES	☐ NO	☐ YES	☐ NO

Signature, WTW Case Manager (sign & print) _____ Date _____ Telephone Number _____

If eligible for services and not receiving services as listed above, please state why in comment section.

Comments: _____

Application will not be accepted without Agency Stamp.

AGENCY STAMP REQUIRED →

LMC Office Only-
- ☐ CARE: _____
- ☐ Access: _____
- ☐ Bookstore: _____

(Revised 5/9/16)