

**Cabrillo College Extended Opportunities Program & Services  
COOPERATIVE AGENCIES RESOURCES FOR EDUCATION  
CARE PROGRAM APPLICATION  
2008/2009**

*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 submit income and single head of household verification. We can not process your application until we receive these documents.***

**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

.....  
**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  
2008/2009

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