



Date Received: \_\_\_\_\_  
 NOA  
 WTW

## CalWORKs Intake Form

<b>TERM</b>		<b>YEAR</b>	<b>STATUS (check one)</b>
Fall	<input type="checkbox"/>	_____	New Student <input type="checkbox"/>
Spring	<input type="checkbox"/>	_____	Returning Student <input type="checkbox"/>
Summer	<input type="checkbox"/>	_____	Recertifying Student <input type="checkbox"/>

**PLEASE PRINT CLEARLY. ALL QUESTIONS MUST BE ANSWERED**

### **SECTION I PERSONAL INFORMATION**

Last Name	First Name	M.I.	Maiden/Other Name
Social Security	G#	DOB (MM/DD/YYYY)	Gender: Male/Female
Street Address	(Number, Street, City, State, Zip)		Email Address
Home Phone (Include Area Code)	Cell Phone (Include Area Code)	Alternative Phone (Include Area Code)	

### **SECTION II CAMPUS SERVICES**

Which services are you currently receiving at Cañada College Services? (please check all that apply)

EOPS/CARE  TRIO  DSPS/DRC  Psychological Services  BOGW  Federal Work Study  
 Pell Grant  Other (please specify) \_\_\_\_\_

1. Have you earned a High School Diploma or GED? Yes  No
2. Do you have a Learning Disability? Yes  No  I don't know
3. Did you have an Individual Educational Plan (IEP) in high school? Yes  No  I don't know

### **SECTION III COUNTY CASH AID & CALWORKS ELIGIBILITY**

Are you receiving County Cash Aid for yourself and children? Yes  No  **CASE#** \_\_\_\_\_  
From what county are you receiving County Cash Aid? \_\_\_\_\_

Name of County Case Worker \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

What Is Your CalWORKs Eligibility Status? (please check one)

Self-Initiated Participant (SIP)  Self Referred  County Referred  Post Employment  Exempt

Are you receiving County CalWORKs Employment Services? Yes  No

If No, Are you exempt from doing a Welfare-to-Work Plan (WTW) Obligation Yes  No

If YES to Exempt, please give reason for exemption: \_\_\_\_\_

Do you have a signed Welfare-To-Work Contract? Yes  End Date \_\_\_\_\_ No  \_\_\_\_\_

Work-Study:  Waitlist  Placement  
 Job Placement Information:  
 Department Name: \_\_\_\_\_  
 Hourly Wage: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_

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**SECTION IV WORK ACTIVITY STATUS**

What is your work activity status? Intern  Co-op  Volunteer  Employment  Unemployed   
 Place of Work \_\_\_\_\_ Work Hours Per Week \_\_\_\_\_ Wage Per Hour \_\_\_\_\_  
 (Name of Company)

**\*\*\*NOT WORKING?\*\*\***

If funding is available, you may qualify for CalWORKs WORK STUDY. Ask about our WORKSTUDY OPPORTUNITIES.

**SECTION V HOUSEHOLD INFORMATION**

Family Status: One parent household: Yes  No  Two parent household: Yes  No

How Many Children Do You Have? \_\_\_\_\_

Please list all the members of your household:

Name	Relationship	Date of Birth

**CERTIFICATION: All Applicants must read this statement and sign below.**

I, the undersigned, hereby attest that all the information I provided on this Intake Form is correct and true to the best of my knowledge.

\_\_\_\_\_  
 (Student's Signature)

\_\_\_\_\_  
 (Date Signed)

All CalWORKs Applicants must read this statement and sign below.

**WAIVER OF CONFIDENTIALITY**

Pursuant to the Federal Education Rights and Privacy Act, the California Education Code, and the California Administrative Code Title V, Cañada College establishes and maintains information on students relevant to admission, registration, academic history, career, students benefits or services, extra-curricular activities, counseling and guidance, discipline or matters related to student conduct, and shall establish and maintain such information required by law. Student records are maintained in a manner to insure privacy of all such information. Consider this my consent for Cañada College CalWORKs to have access to confidential, education-related information protected by the Family Education Rights and Privacy Act. This consent will remain on record until rescinded by written request.

We work with your case worker at the county to provide required documents such as enrollment verification, past semester grades and/or transcript. By signing this form, you give us a permission to communicate with the county regarding your enrollment status and grades in order to maintain your eligibility with the county.

\_\_\_\_\_  
 (Student's Signature)

\_\_\_\_\_  
 (Date)

<p><b>For Office Use Only:</b>  <input type="checkbox"/> NOA <input type="checkbox"/> WTW <input type="checkbox"/> CalWIN  <b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/>          (Rev. 03/27/19 SA)</p>	<p>CalWORKs Intake Coordinator signature: _____          CalWORKs Intake Coordinator Name (Print): _____          Date Approved: _____</p>
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