



Date Received: _____
 NOA
 WTW

CalWORKs Intake Form

TERM	YEAR	STATUS (check one)
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 MESA BOGW Federal Work Study

Pell Grant Supplemental Educational Opportunity Grant (SEOG) 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
4. Do your children have an IEP with their 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:** _____

CALWORKS (Page 2)

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)

Type of Industry _____ Name & Phone Number of Supervisor _____
 (e.g. Restaurant, Retail Furniture, Day Care) (Include Area Code)

Your Position Title: _____ Start Date: _____

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.

(Student's Signature)

(Date)

For Office Use Only: <input type="checkbox"/> NOA <input type="checkbox"/> WTW Approved <input type="checkbox"/> Denied <input type="checkbox"/> (Rev. 11/22/13 JR)	CalWORKs Intake Coordinator signature: _____ CalWORKs Intake Coordinator Name (Print): _____ Date Approved: _____
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