



Date Received: _____

☐ NOA

☐ WTW

CalWORKs Intake Form

TERM

Fall ☐

Spring ☐

Summer ☐

YEAR

STATUS (check one)

New Student ☐

Returning Student ☐

Recertifying Student ☐

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 ☐ _____

CALWORKS (Page 2)

Work-Study: ☐ Waitlist ☐ Placement
Job Placement Information:
Department Name: _____
Hourly Wage: _____ Weekly Hours: _____

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:

☐ NOA ☐ WTW
Approved ☐ Denied ☐
(Rev. 11/22/13 JR)

CalWORKs Intake Coordinator signature: _____
CalWORKs Intake Coordinator Name (Print): _____
Date Approved: _____