

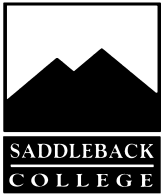
# CaIWORKS

**California Work Opportunity and Responsibility to Kids**



***What Semester are you applying for?***

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_



# CalWORKs

## STUDENT INFORMATION FORM

Please complete the following information to the best of your ability and answer **ALL** questions. *If a response is unknown please indicate "unknown".* This information is requested so that the Saddleback College CalWORKs Office can better serve you and all information is completely confidential.

Date: _____		Cal WIN # _____
Social Security No. _____ - _____ - _____		Student ID# _____
E-mail Address: _____		
_____	_____	_____
Last Name	First Name	M.I.
_____	_____	_____
Address _____	City _____	Zip Code _____
Home Phone(____) _____	Cell Phone(____) _____	Work Phone(____) _____
Marital Status: _____ Single	_____ Married	_____ Divorced
	_____ Separated	_____ Widow
Birth date _____ / _____ / _____	Age: _____	Gender: _____ Female _____ Male
Ethnic Background: American Indian/Alaskan Native _____ Asian _____ Black Non-Hispanic _____ Filipino _____ Pacific Islander _____		
Chicano/Mexican/Hispanic/Latino _____ White/Caucasian _____ Middle Eastern _____ Other (specify) _____		

Children's Name(s)	Gender	Date of Birth	Age

### CERTIFICATION

I verify that the information provided by me is true and accurate to the best of my knowledge. I understand that falsifying information will lead to discontinuance of assistance and possible reimbursement to the CalWORKs program. I also understand that all services (Work-study, etc.) are provided on a first come/first served basis, dependent on my eligibility for such services and funding availability. *All the information on this application will be kept confidential.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

<b>CalWORKs OFFICE USE ONLY</b>	
Reviewed by : _____	Date: _____
Financial Aid _____	Date: _____



# CalWORKs

## STUDENT EMPLOYMENT INFORMATION

Student ID# \_\_\_\_\_

Date \_\_\_\_\_

Last Name

First Name

M.I.

What is your major/certificate program? \_\_\_\_\_

### Employment Information

Present  or Previous

Type of Employment: Child care \_\_\_\_\_ Instructional \_\_\_\_\_ Clerical \_\_\_\_\_ Health \_\_\_\_\_ Other \_\_\_\_\_

Title \_\_\_\_\_

Hours per week \_\_\_\_\_

Salary \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Are you interested in Federal Work Study (On-Campus Work)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, have you applied for Financial Aid? \_\_\_\_\_ YES \_\_\_\_\_ NO

### What on-campus services are you interested in utilizing?

- Financial Aid \_\_\_\_\_
- Work on Campus/ Work Experience \_\_\_\_\_
- Health services / Clinical Therapy \_\_\_\_\_
- DSPS (services for students with physical/ learning disabilities) \_\_\_\_\_
- Resume Writing \_\_\_\_\_
- Job Placement \_\_\_\_\_
- Job Interview techniques \_\_\_\_\_
- LAP (learning assistance/free tutoring) \_\_\_\_\_
- Child Care Center (discount available for CalWORKs students) \_\_\_\_\_
- Computer Lab (available in Career Center, Library, and the Village) \_\_\_\_\_
- EOPS/CARE (support services and grants for full-time students) \_\_\_\_\_



# CalWORKs

## WAIVER OF CONFIDENTIALITY

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Last Name

First Name

M.I.

Student ID# \_\_\_\_\_

Pursuant to the Federal Educational Right and Privacy Act, the California Education Code, and the California Administrative Code Title V, Saddleback College establishes and maintains information on students relevant to admission, registration, academic history, career, student benefits and services, extra-curricular activities, counseling and guidance, discipline or matters related to student conduct, and shall establish and maintain such information as required by law.

Student records are maintained in a manner to insure privacy of all such information and the colleges of this district shall not, except as authorized, permit any access to or release of any information therein.

In order to help me further my educational and career goals, I am authorizing the Saddleback College CalWORKs staff to disclose information about me to qualified individuals from other agencies.

I give my permission to Saddleback College staff to disclose information regarding:

- CalWORKs compliance issues
  - School attendance
  - Academic progress
  - Assessment results
  - Childcare arrangements
  - Work Study / Financial Aid
  - Employment
- \_\_\_\_\_

To the following persons or agencies:

- Saddleback College
  - Employment Development Department
  - Department of Social Services
  - Children's Resource and Referral Network
- \_\_\_\_\_
- \_\_\_\_\_

*This waiver shall remain in effect until withdrawn by the student.*

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Student's Signature

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Date

# CalWORKs

## MUTAL RESPONSIBILITY CONTRACT

Name \_\_\_\_\_ ID# \_\_\_\_\_

I, \_\_\_\_\_ accept and understand that failure to meet any of the following statements could result in my ineligibility for the Saddleback College CalWORK's program.

1. I understand that in order to enroll in the program, I must bring my completed CalWORKs application and my 4105 form to my first counseling appointment.
2. I understand that all monthly reports and book/materials requests need to be done during a counseling appointment. They cannot be done over the phone.
3. I understand that in order to have a book request completed, I need to have a goal identified on my 4105 form. If I do not have a goal identified, I will meet with a Saddleback College CalWORKs Counselor to determine my goal and create an education plan (MAP.) My book request will be completed in a later session.
4. I understand that in order for a book request to be processed, I need to be registered for classes. If I need help choosing classes, a Saddleback College CalWORKs counselor will assist me, but my book request may have to be processed at a subsequent session.
5. I agree to meet with a Saddleback College CalWORKs counselor on a monthly basis to discuss my progress in classes and to complete my monthly report by the 10<sup>th</sup> of each month.
6. I understand that I must be enrolled in tutoring 300 in order for any study time to be counted.
7. I understand that I must maintain a 2.0 grade point average and I must make reasonable academic progress toward the goal indicated on my 4105 form. If my GPA falls below 2.0, a letter will be mailed to my case manager.
8. I will keep staff informed about any changes to my address or phone number.
9. I agree to follow the guidelines as described in the Saddleback College CalWORKs Program Policies and Procedures.
10. I am responsible for regulating my conduct and for respecting the rights and privileges of others in accordance with the Code of Conduct set by the district Board of Trustees (AR 5401).
11. I am expected to conduct myself in a manner compatible with the function of the college as an educational institution and respect and obey all civil and criminal laws.
12. Failure to show respect for the standards as set forth by Saddleback College is cause for disciplinary action as stated in the Saddleback College "Students' Rights and Responsibilities."

**The Saddleback College CalWORKs office agrees to the following:**

1. To provide the above named individual with student services including counseling, book and materials requests, and monthly reports.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CalWORKs Counselor Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**PLEASE RETURN THIS FORM TO:**  
 Saddleback College – CARE/CalWORKs Program  
 28000 Marguerite Pkwy, SSC - 126  
 Mission Viejo, CA 92692  
 Fax: (949) 364-6949

**AGENCY CERTIFICATION - UNTAXED INCOME**

A Federal and State regulation relative to CARE/CalWORKs mandates coordination and verification of TANF/CalWORKs status. The information provided below will be used only to determine CARE/CalWORKs eligibility and will be kept confidential by the Saddleback College CARE/CalWORKs Program.

**TO BE COMPLETED BY STUDENT:**

*I authorize the appropriate office/agency to provide the information requested by the school listed above. I also give permission to discuss necessary details relative to my case.*

Case Name (Student) \_\_\_\_\_  
 Last Name First Name M. I.

TANF/CalWORKs Case Number \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student I. D. # \_\_\_\_\_

Applicant/Student Signature \_\_\_\_\_

**-----For Agency Use Only-----**

**CERTIFICATION OF TANF/CalWORKs STATUS**

**All items below MUST be completed IN FULL, by the Agency providing services.**

- Does the student currently receive TANF/CalWORKs benefits for themselves and their child (ren)?  Yes\*  No  
 \*If yes, please indicate current cash aid amount: \$ \_\_\_\_\_ Date benefits began: \_\_\_\_\_  
 \*\*If NO, are the children currently receiving TANF/CalWORKs benefits?  Yes  No  
 Has there been a break in benefits?  Yes\*  No  
 \*If yes, when? \_\_\_\_\_ until \_\_\_\_\_
- Has the student been sanctioned?  Yes  No  
 \*If yes, date of sanction; \_\_\_\_\_
- Is this student classified as a single head-of-household parent?  Yes  No
- Is this a two (2) Parent Household?**  Yes  No
- Did the student transfer TANF/CalWORKs benefits from another county?  Yes\*  No  
 \*If yes, which county? \_\_\_\_\_
- What type of plan does the student have?**  SIP with Plan  Self Referred  County Referred  
 Exempt

**Explanation:** \_\_\_\_\_

**Agency Stamp Required**

\_\_\_\_\_  
 Print Agency Representative's Name

\_\_\_\_\_  
 Title/Official Position

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date