

CaIWORKS

California Work Opportunity and Responsibility to Kids



Student Name: _____ I. D. #: _____

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.

Student ID# _____	Date: _____
Last Name _____ First Name _____ M.I. _____	
Social Security No. _____ - _____ - _____ E-mail Address: _____@saddleback.edu	
Address _____ City _____ Zip Code _____	
Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow	
Birth date ____/____/____ Age: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Cal WIN # _____	
Case Manager's Name: _____ Phone #: (____) _____ - _____	

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

CERTIFICATION

I declare under penalty of perjury that all the information on this CalWORKs application Packet is true and correct to the best of my knowledge. I give the CalWORKs Office permission to access financial and academic history information in order to determine CalWORKs eligibility. **I also understand that falsification or withholding information requested shall constitute grounds for withdrawal from 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.*

Family Educational Rights and Privacy Act (FERPA) allows schools to disclose records, without consent, to the following parties or under the following conditions; school officials with legitimate educational interests, specified officials for audit or evaluation purposes, appropriate parties in connection with financial aid to a student, (34 CFR 99.31).

Student Signature _____ Date _____



CalWORKs

STUDENT EDUCATION/EMPLOYMENT INFORMATION

Student ID# _____

Last Name: _____ First Name: _____ M.I. _____

Education Information

Names of colleges and/or universities attended in the U.S. or in a foreign country:

1. _____ 2. _____ 3. _____

What is your Welfare-to-Work approved major/certificate program? _____

Current Employment Information

Are you currently employed: Yes No **If yes, please complete the information below:**

Employer: _____

Job 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 _____
- Health services / Clinical Therapy _____
- DSPTS (services for students with physical/ learning disabilities) _____
- Resume Writing _____
- Job Placement _____
- Job Interview techniques _____
- LRC (learning resource center) _____
- 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

Student ID# _____

Last Name _____

First Name _____

M.I. _____

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
- Other: _____

To the following persons or agencies:

- Saddleback College
- Employment Development Department
- Department of Social Services
- Children's Resource and Referral Network
- I authorize the CalWORKs program to use my picture and/or quoted material for publication in the CalWORKs publications and other related community college publications and materials.

Yes: ____ No: ____

Signature: _____

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

Student's Signature: _____

Date _____



CalWORKs

MUTAL RESPONSIBILITY CONTRACT

I, _____, ID# _____ accept and understand that failure to meet any of the following statements could result in my ineligibility for the Saddleback College CalWORKs' program.

1. I understand that in order to enroll in the program, I must bring my completed CalWORKs application, my 4105 form, and my agency/college verification of aid 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 an ancillary 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 attendance report by the 10th 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, my case manager will be notified of my academic progress.
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, ancillary requests, and monthly attendance reports.

Student Signature _____

Date ____/____/____

CalWORKs Counselor Signature _____

Date ____/____/____

