Student Name: __________________________ I. D. #: ______________

What Semester are you applying for?

Fall _____  Spring _____  Summer _____
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: ________________________

### Student ID#: ________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
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<tr>
<th>Social Security No.</th>
<th>E-mail Address</th>
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<tbody>
<tr>
<td><strong><strong><strong>-</strong></strong>____-</strong>______</td>
<td>@saddleback.edu</td>
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<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip Code</th>
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<tr>
<th>Home Phone (______)</th>
<th>Cell Phone (______)</th>
<th>Work Phone (______)</th>
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<tr>
<th>Marital Status:</th>
<th>Age:</th>
<th>Gender:</th>
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<tr>
<td>Single</td>
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<tr>
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<tr>
<td>Widow</td>
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**Ethnic Background:**
- American Indian/Alaskan Native
- Asian
- Black Non-Hispanic
- Filipinos
- Pacific Islander
- Chicano/Mexican/Hispanic/Latino
- White/Caucasian
- Middle Eastern
- Other (specify)

**Cal WIN #** ________________________________

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<thead>
<tr>
<th>Case Manager’s Name</th>
<th>Phone #: (______)</th>
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**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** ________________

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**CalWORKs OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Reviewed by:</th>
<th>Date:</th>
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<tr>
<th>Date Entered in the CalWORKs SIS System:</th>
<th>Staff Initials:</th>
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9/2015
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
- 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)
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.
CalWORKs
MUTUAL 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 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 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, 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 _____/_____/_____

9/2015
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 ___________________________   Student I. D. # ________________
Applicant/Student Signature ____________________________________________________________

CERTIFICATION OF TANF/CalWORKs STATUS

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

1. 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?
   *If yes, when? ___________________ until ___________________

2. Does the student currently have a child less than 14 years of age? Yes No

3. Has the student been sanctioned? Yes No
   *If yes, date of sanction: ______________

4. Is this student classified as a single head-of-household parent? Yes No

5. Is this a two (2) Parent Household? Yes No

6. Did the student transfer TANF/CalWORKs benefits from another county? Yes No
   *If yes, which county? _______________________________________________________________

7. 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 __________________________

9/2015