



<p><b>C.A.R.E.</b> Cooperative Agency Resources for Education</p>
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**C.A.R.E. Eligibility Criteria:**

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|---|------------|-----------|
| 1. Are you a Single parent, "Head of Household"?            | <b>YES</b> | <b>NO</b> |
| 2. Do you have a child(ren) under 13 years old?             | <b>YES</b> | <b>NO</b> |
| 3. Are you and/or any of your dependent children receiving: | CalWORKS   | Cash Aid  |

Beginning date of CalWORKS benefits: \_\_\_\_\_

Date of Birth of youngest child: \_\_\_ / \_\_\_ / \_\_\_

Number of dependent children: \_\_\_\_\_

Name: \_\_\_\_\_

S.S.#: \_\_\_\_\_ or PFN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

List the name and age of your child(ren):

_____	_____
_____	_____
_____	_____

<b>OFFICE USE ONLY</b>			
Applicant is E.O.P.&S. eligible	<b>YES</b>	<b>NO</b>	
Date admitted: ___ / ___ / ___			
Participant is 18 years or older	<b>YES</b>	<b>NO</b>	
Participant is receiving TANF / CalWORKS for their household	<b>YES</b>	<b>NO</b>	
Current Notice of Action on file	<b>YES</b>	<b>NO</b>	
Participant is single head of household	<b>YES</b>	<b>NO</b>	
Participant has a child 13 years or younger	<b>YES</b>	<b>NO</b>	
Semester: Fall / Spring    Year _____	U/A _____	U/C _____	G.P.A. _____
Counselor Contacts _____	Workshops _____	Lunch _____	Gas Card _____ Merit Grant _____
Count Student Served MIS	<b>YES</b>	<b>NO</b>	
Staff Signature: _____	Date: _____		