



Application for: Fall ____ Spring ____

CARE Application
Cooperative Agencies Resources for Education

Student Name _____ ID # _____
Address _____ Apt. _____
City _____ Zip Code _____
Email _____
Home # _____ Work # _____ Cell # _____

- Are you at least 18 years of age? YES NO
Are you currently a single parent, head of household? YES NO
Do you have at least one child under 18 years old? YES NO
Are you, or your dependents, currently receiving TANF/CalWORKs cash aid? YES NO
Are you currently receiving Gain services? YES NO
Date TANF/CalWORKs benefits began: _____

Table with 3 columns: Last Name, First Name; Date of Birth; Age. Rows 1-6.

I certify that I have met all of the CARE eligibility requirements listed above. I declare under penalty of perjury that all information on this form is correct. I understand that falsifying or withholding information required on this form is grounds for program disqualification. I agree to provide copies of county verification (i.e. Verification of Benefits, Notice of Action):

Applicant's Signature _____ Date _____

-----FOR OFFICE USE-----

CARE Application status: Approved ____ Denied ____

CARE Specialist Signature: _____ Date: _____

Director Signature: _____ Date: _____

- Acceptance TERM _____
CARE-AFDC-DUR _____
CARE-EOPS-WITHDR _____
CARE-MARITAL-ST _____