



# CARE Application

(Cooperative Agencies Resources for Education)

Application for: Fall \_\_\_\_\_ Spring \_\_\_\_\_

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: \_\_\_\_\_

	Last Name, First Name	Date of Birth	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
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 \_\_\_\_\_