

# C.A.R.E.

## Cooperative Agencies Resources for Education

San Jose City College  
2100 Moorpark Avenue  
San Jose, Ca 95128-2799  
Phone: (408)298-2181 Ext. 3652  
Fax: (408) 971-3641

### Service Provider Certification

If you are receiving services from any other program, on or off campus, please complete this form and return it to our office.

Student Name \_\_\_\_\_ SS/ID# \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_

Do you need parking permit?  Yes  No      Do you need bus pass?  Yes  
 No

Do you need Gas Card?  Yes  No      Do you need Book Voucher?   
Yes  No

Are you receiving any of the above services from another agency or department?  Yes  
 No

**I authorize San Jose City College CARE program to verify any of the information I am providing.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

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### Provider Statement

Please indicate the services you are providing for the above named student:

Transportation  Monthly  Weekly  Semester **Amount \$**

Child Care  Monthly  Weekly  Semester Amount \$

Books  Monthly  weekly  Semester Amount \$

Supplies  Monthly  Weekly  Semester Amount \$

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**Please Print Name of Program  
Number**

**Phone**

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**Provider's Signature**

**Date**

**. CARE students receive their childcare funds in the form of a grant. CARE students are personally responsible for payment to the childcare provider.**

**fn 1/3/06**