

SAN JOSE CITY COLLEGE
Cooperative Agencies Resources for Education (CARE) Program
2100 Moorpark Avenue, San Jose, CA 95128
Phone: (408) 288-3788 Fax: (408) 971-3641

SERVICE VERIFICATION

Student Name: _____ Student ID # _____
(Please Print)

Address _____ City _____ Zip _____ Phone # _____

Please indicate the services you will need provided by the CARE Program for the Fall Spring 20__ semester:

Gas Card (**MUST PROVIDE CAR REGISTRATION**) Child Care Books Supplies Meal Tickets

CHILD CARE PROVIDER/S:

Licensed day care facility Licensed home care Baby-sitter

Other: Family Friend Please specify: _____

Are you receiving any services from another program or agency? Yes No If yes, please have the program or agency complete the bottom portion of this page.

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

Student Signature

Date

PROVIDER STATEMENT

Please indicate the services your client is receiving, the name of the program, and the amount.

Transportation Amount \$

Books Amount \$

Child Care Amount \$

Supplies Amount \$

Name of Program

Phone Number

Signature

Title

FOR OFFICE USE ONLY

Approved for following services:

Child Care Grant \$_____

Total Child care Cost Monthly Weekly Hourly \$_____

Books

Supplies

Meal Tickets

Gas Card

CARE Coordinator/Designee

Date