

CARE Program Intake Application

EOP&S

(An EOP&S application, student responsibility contract, BOGG, and an educational plan must be on file in EOP&S folder before receiving CARE assistance.)

Name: _____ SS/ID # _____

Address: _____ State _____ Zip _____

Phone # _____ Cell Phone# _____

Date of Birth: _____ Marital Status: Single Divorced Separated
Widowed Married

Are you a single parent? Yes No

(The term "single parent" means an individual who is unmarried or legally separated from a spouse and has a minor child or children for whom the parent has either custody or joint custody.)

Are you or your dependents currently receiving cash aid assistance from TANF? Yes
No

Are you registered in Cal-Works Program: Yes No If yes, what services you are receiving:

Child Care Books Transportation
Other

Cal Works case number? Yes No Case # _____

Household Size: _____ Number of children under the age of 14 years: _____

Number of children requiring childcare during school hours: _____ Monthly childcare costs: \$ _____

Enrolled in: Child Development Center Yes No

Monthly Cost	Cal Works	NET	CARE	Financial Aid	Other Resources	Need

Date Interviewed: _____

CARE Coordinator/Designee Signature: _____

Application Accepted for:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| CARE | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Care Funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Services Only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Book/Supplies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Meal Tickets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Conference/workshop fees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transportation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |