

San Jose City College Child Care Referral Form

Name: _____ Semester: Fall Spring Summer 20_____

Address: _____ Social Security #: _____

_____ Phone # () _____

City State Zip

Single Parent Family? Yes No # of adults _____ # of Children _____ Ages of Children under 14 _____

Family Income Source(s): TANF Employment SSI/SSP Unemployment Other

Total Income: \$ _____ yr \$ _____ Mo

Student Enrollment Status: Full-time (12+ units) ¾-time (9-11.5 units) ½-time (6-8.5units) Other

Goal: Vocational Training Certificate AA/AS Degree Transfer Student EOP&S Eligible? Yes No

Childcare Needs

(Complete for all children in family requiring childcare)

Name of child/children	Date of Birth	Age	Toilet trained?		Presently in CARE?		Hours care is needed daily						
			Yes	No	Yes	No	M	T	W	Th	F	S	

Total Monthly estimated childcare cost: \$ _____ Date _____

Office Use Only

Referred by: (initial) _____ Referred Date _____
 Cal-Works _____ CDC _____ EOP&S/CARE _____
 fn 1/3/06

Attention: CARE Students

Dear Student,

Please submit this form with your signature to the EOP&S/CARE Office as soon as possible, in order for us to process your award for the 2005– 2006 year. Please note, students who have received a denial letter from the Financial Aid Office based on unsatisfactory academic progress, will also be denied CARE childcare services and grants.

I, _____, agree to **immediately** notify the EOP&S/CARE Office regarding any other child care assistance provided by other programs on or outside of the college such as: Cal-Works, Child Development Center, Federal Financial Aid and/or any county subsidized care.

In addition, I understand **my child/children or I, must currently** be receiving TANF assistance (cash aid assistance) or **must currently** be receiving Medi-Cal, SSI, or Food stamps only and have an active Cal-works case number in order to be eligible for EOP&S/CARE funds.

Signature _____

Social Security Number/ID# _____

Date _____