



# PLEASE PRINT CLEARLY. ALL QUESTIONS MUST BE ANSWERED



GAIN Case#: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ SU ☐ FA ☐ WI ☐ SP 20\_\_\_\_\_

**SECTION I** Name \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

(Number, Street, City, State, Zip)

Cell #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
(Include Area Code) (Include Area Code) (MM/DD/YYYY)

Preferred method of contact: ☐ Cell ☐ Text message ☐ Home Phone ☐ MyECC e-mail ☐ Personal e-mail

My preferred written language: \_\_\_\_\_ My preferred spoken language: \_\_\_\_\_

Emergency contact person? \_\_\_\_\_ Phone#: \_\_\_\_\_

Declared Major at El Camino College (ECC) \_\_\_\_\_  
(i.e. AA-Interior Design – If No Declared Major at ECC, What Did You Declare To GAIN?) (Start Date of Program) (Expected Date of Completion)

Do you have a High School Diploma or GED? ☐ Yes ☐ No Have you attended another college before? ☐ Yes ☐ No

Where? \_\_\_\_\_

Are you currently enrolled at another educational institution? ☐ Yes ☐ No

Have you been convicted of a felony? ☐ Yes ☐ No If yes, explain on a separate sheet of paper.

Are you currently employed? ☐ Yes ☐ No If yes, where? \_\_\_\_\_ Hours per week: \_\_\_\_\_ Pay rate: \$ \_\_\_\_\_

Are you interested in Job Placement Services? ☐ Yes ☐ No On Campus \_\_\_\_\_ Off Campus \_\_\_\_\_

Are you receiving any of the following ECC Services? ☐ EOPS ☐ CARE ☐ BOGW/A ☐ Special Resource Center

☐ Financial Aid ☐ Federal Work Study Student referred to: \_\_\_\_\_

## SECTION II RETURNING STUDENTS NEED NOT ANSWER THIS SECTION. PLEASE SKIP TO SECTION III

Who referred you to CalWORKs at El Camino College? ☐ Department of Public Social Services (DPSS) Eligibility Worker/GAIN Worker

☐ ECC Schedule of Classes ☐ ECC Catalog ☐ Special Resource Center EOPS/CARE Staff ☐ Other \_\_\_\_\_  
(i.e. ECC Instructor, Friends, Family, etc.)

☐ Admissions Staff ☐ Counseling Staff ☐ CalWORKs Recruiter

## SECTION III If you are exempt, check one of the following:

☐ Child Under 1 Year / GAIN Exempt With Services and Why? ☐ GAIN Exempt without services and Why? – If Exempt, Give Reason for Exemption) \_\_\_\_\_

What Is Your W-t-W Activity Other Than School \_\_\_\_\_  
(E.g. DV Therapy/MH Therapy/Job Club/Job Search/Community Service, etc.)

## SECTION IV

☐ Single Parent Household

How Many Children Do You Have? \_\_\_\_\_

☐ Two Parent Household

Ages: \_\_\_\_\_

I, the undersigned, hereby attest that all the information I provided on this Intake Form is correct and true, and acknowledge that I am required to participate in 20/30/35 (circle one) hours of activity each week with the exception of school holidays.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date Signed)

### Waiver of Confidentiality

Pursuant to the Federal Education Rights and Privacy Act, the California Education Code, and the California Administrative Code Title V, El Camino College (ECC) establishes and maintains information on students relevant to admission, registration, academic history, career, students benefits or services, extra-curricular activities, counseling and guidance, discipline or matters related to student conduct, and shall establish and maintain such information required by law. Student records are maintained in a manner to insure privacy of all such information. I give ECC staff permission to disclose information about me to qualified individuals from other agencies regarding: CalWORKs/GAIN Compliance Issues, School Attendance, Academic Progress, Assessment Results, Child Care Issues, Work-Study Issues and all Supportive Services Issues to the following: Department of Public Social Services, GAIN, Child Care Resource, and Referrals Agencies, Los Angeles County Mental Health, Employment Development Department, Western Center for Law and Poverty and/or others required to be contacted for the benefit of the student. I, the undersigned, acknowledge and agree to the terms of the above.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date Signed)

OFFICE  
USE  
ONLY

GAIN Status? ☐ SIP ☐ Self Referred ☐ Vocational ☐ Exempt ☐ Post Employment ☐ Attending Multiple Schools  
GAIN Office Location? ☐ Region1 ☐ Region 2 ☐ Region 3 ☐ Region 4 ☐ Region 5 ☐ Region 6 ☐ Other \_\_\_\_\_  
Welfare-To-Work Contract signed? ☐ Yes **End Date** \_\_\_\_\_ ☐ No Why Not? \_\_\_\_\_

Comments: \_\_\_\_\_

The El Camino Community College District is committed to providing an educational and employment environment in which no person is subjected to discrimination on the basis of actual or perceived race, color, ancestry, national origin, religion, creed, age (over 40), disability (mental or physical), sex, gender (including pregnancy and childbirth), sexual orientation, gender identity, gender expression, medical condition, genetic information, marital status, military and veteran status, or retaliation; or on any other basis as required by state and federal law.