

EL CAMINO COLLEGE, Cooperative Agencies Resources for Education (CARE)

El Camino College, 16007 Crenshaw Blvd., Torrance, CA 90506. CARE Office: Student Services Center, Room 205B



Incoming Status
<input type="checkbox"/> New to EOPS <u>and</u> CARE
<input type="checkbox"/> Continuing EOPS student and new to CARE
<input type="checkbox"/> Continuing EOPS/CARE student

CARE Application Process

1. Submit an EOPS/CARE Program Application
2. Submit a completed **2018-2019 Agency Certification Form**
 - A Los Angeles County Department of Public Social Services (DPSS) representative needs to complete the form certify your CalWORKs/TANF status.
3. Attend an EOPS/CARE Information Session (Please make sure to check your El Camino College email for communication from our office)

CARE Eligibility Determination

1. Are you at least 18 years of age? Yes No
2. Are you a Single Head of Household? Yes No
3. Current marital status:
 - Single (never married) Married Separated Divorced Widowed
4. Are you a full-time student at El Camino College? (12 units or more) Yes No
5. Are you or your child(ren) currently receiving CalWORKs/TANF cash aid? Yes No
 Date benefits began: (MM/YYYY): _____
6. Do you have custody of at least one child? Yes No

Please list all of the dependent children on your county case:

Full Name of Child	Age	Relationship to You

Preferred Transportation Assistance (for program coordination purposes only and dependent on funding)

- Gas Card TAP Card Reload May request both types throughout the academic year

If TAP Card reload is chosen, have you applied for the student reduced fair TAP Card? Yes No

IMPORTANT: All students interested in the CARE program must submit this form completed (front and back) or your CARE eligibility cannot be determined. Students who submit this form late may not receive all CARE services (such as meal and transportation assistance) and/or the CARE grant.

OFFICE USE ONLY		
CALWORKS: <input type="checkbox"/> YES <input type="checkbox"/> NO	CARE DB:	EVENT DB:

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2018-2019 AGENCY CERTIFICATION FORM

Last Name

First Name

ECC ID #

CARE regulations require coordination of applicable educational support services and welfare-to-work activities and verification of financial resources. The information provided below will be used only to determine CARE eligibility and will be kept confidential pursuant to Sections 76200-76246 of the *California Education Code* and the 1974 Family Educational Rights and Privacy Act.

TO BE COMPLETED BY THE CARE APPLICANT

I authorize the appropriate office/agency to provide the information requested to the CARE program in order to determine eligibility.

Last Name, First Name (as it appears on your case)

Case Number under which benefits are paid

CARE Applicant's Signature

Date

TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS

The following information is required by the EOPS/CARE program to certify that the person named above has an active CalWORKs/TANF case.

1. The above applicant is receiving CalWORKs/TANF cash aid benefits for himself/herself or their child(ren)? Yes No
2. The date benefits began (MM/YYYY): _____
3. Is the applicant considered a *Single Head of Household*? Yes No
4. Does the applicant have at least one child in their custody?
Number of children on case: _____ Yes No
5. Is the applicant at least 18 years of age? Yes No

AGENCY STAMP

Agency Representative (Please print)

Title/Position

Signature

Date

()

Telephone number

Please return to the CARE Office

El Camino College- CARE Office, Student Services Center, Rm 205B
16007 Crenshaw Blvd. ♦Torrance, CA 90506 ☎(310) 660-6066