

**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**

- ☐ New to EOPS and CARE
- ☐ Continuing EOPS student and new to CARE

**CARE Application Process**

1. Submit an EOPS/CARE Program Application
2. Enroll in at least 12 units since we cannot finish processing your application until you enroll in the required number of units. SRC (Special Resource Center) students are exempt from this requirement as long as an SRC inter-program referral form is submitted with the application (you can obtain this form from the EOPS Office, SSC-203).
3. Submit a completed **"CalWORKs/TANF Agency Certification Form"**
  - A Los Angeles County Department of Public Social Services (DPSS) representative needs to complete the form certify your CalWORKs/TANF status.
4. 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 and/or your child(ren) currently receiving CalWORKs/TANF cash aid? ☐ Yes ☐ No  
Date benefits began: (MM/YYYY): \_\_\_\_\_
6. Do you have a child under the age of 14? ☐ Yes ☐ No

**Please list all of the dependent children under your direct care below:**

Full Name of Child	Age	Relationship to You

**IMPORTANT:** All students interested in being considered for the CARE program must submit this completed form (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 vouchers, gas cards/bus tokens) and/or the CARE grant.

**OFFICE USE ONLY**

UNITS ENROLLED:	CARE WAIVER GRANTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE VERIFIED:	COLLEAGUE ENTRY DATE:	STAFF:
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**2016-2017 CALWORKS/TANF 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 and/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 under the age of 14? ☐ 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