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

El Camino College- online! https://www.elcamino.edu/student/studentservices/care/index.aspx 2 (310) 660-6066

## 2022-2023 CARE AGENCY CERTIFICATION FORM

st Name First Name				
ECC ID #	Pł	Phone Number		
- · · · · · · · · · · · · · · · · · · ·	of applicable educational support services and welf d only to determine CARE eligibility and will be kep ational Rights and Privacy Act.			
I authorize the appropriate off	TO BE COMPLETED BY THE CAR fice/agency to provide the information requested	_	determine eligibility.	
Last Name, First Name (as it appears on your case)		Case Number under wh	Case Number under which benefits are paid	
CARE Applicant's Signature		Date	Date	
7	TO BE COMPLETED BY THE AGENCY PR	OVIDING BENEFITS		
an active CalWORKs/TANF of meet the eligibility below information,	required by the EOPS/CARE program case. The EOPS/CARE program is a stow, along with other educational and please visit our website listed at the	tate-funded program to as d financial need requireme e top and bottom of this fo	ssist students who ents. For more	
<ol> <li>The above applicant is receiving CalWORKs/TANF cash aid being for himself/herself or their child(ren)?</li> </ol>		d benefits □ Yes	□ No	
2. The date benefits beg	;an (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:		y? □ Yes	□ No	
5. Is the applicant at least 18 years of age?		☐ Yes	□ No	
Agency Representative	Title/Position	Region		
Signature	Date			
Telephone number	Email Address			

## Please return to the CARE Staff via email at careinfo@elcamino.edu.