



- American River College
- Cosumnes River College
- Folsom Lake College
- Sacramento City College

CalWORKs Program Application and Orientation Form

SECTION 1 – STUDENT INFORMATION		
Last Name, First Name, Middle Initial:	Student ID:	Academic Year:
Address:	City	State Zip
E-mail Address (required) :		Primary Contact #:
Date of Birth (month/day/year): / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Have you submitted your current FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you submitted a BOG Fee Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 2 – COUNTY ELIGIBILITY		
County Worker's Name:	County Worker's Code:	County Case #:
Worker's Phone Number:	Worker's Office Location (i.e. County Office or Bureau):	
Are you currently receiving county CalWORKs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently sanctioned by the county? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all members of your family receiving county aid, their relationship to you and their ages (please note any non-children) :	If yes, is there a cure in place:	
Name (First and Last)	Relationship	Age
SECTION 3 – EDUCATIONAL GOALS		
Is education an approved Welfare-to-Work Activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have completed the college assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your county approved educational goal? <input type="checkbox"/> Certificate <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> Inter-District Transfer (to ARC, CRC, or SCC) <input type="checkbox"/> Transfer to 4-year university <input type="checkbox"/> Improve Job Skills	If you have taken a Los Rios Assessment test within the past two years, please check those assessment areas for which you were assessed? Math: <input type="checkbox"/> English/ESL: <input type="checkbox"/> Did Not Take: <input type="checkbox"/>	



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SECTION 4 – CAMPUS SERVICES	
<p>Are you currently receiving services from?</p> <p>EOPS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CARE <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>DSPS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Financial Aid <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tutoring Center <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other campus services you are involved with or would like more information about: _____</p>	<p>In what areas would you like assistance? (check all that apply)</p> <p><input type="checkbox"/> Advocacy with County</p> <p><input type="checkbox"/> Tutoring</p> <p><input type="checkbox"/> School Supplies (books, supplies)</p> <p><input type="checkbox"/> Counseling (academic, career, personal)</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Community Service Referrals</p> <p><input type="checkbox"/> Child Care Referrals</p> <p><input type="checkbox"/> Other: _____</p>
SECTION 5 – CURRENT EMPLOYMENT INFORMATION	
<p>Are you currently employed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please note below your current or your most recent job information within the last 2 years (must be completed):</p> <p>Job title: _____</p> <p>Name of employer: _____</p> <p>Description of work: _____</p> <p>_____</p> <p>Start date: ____ / ____ / ____ End date: ____ / ____ / ____</p> <p>Average hours per week: _____</p> <p>Highest hourly wage earned: _____</p>	<p>If you are currently not employed or are looking for new employment opportunities please complete the following information about CalWORKs job resources. Specifically, are you interested in job search services, which include the following (check all that apply):</p> <p><input type="checkbox"/> Job search assistance</p> <p><input type="checkbox"/> Job skill assistance</p> <p><input type="checkbox"/> Interview skill enrichment services</p> <p><input type="checkbox"/> Resume/Cover Letter writing services</p> <p><input type="checkbox"/> Job placement services</p> <p><input type="checkbox"/> Other employment services</p> <p><input type="checkbox"/> Job transition workshops and services</p> <p><input type="checkbox"/> Volunteer and internship positions search</p> <p><input type="checkbox"/> On-Campus CalWORKs Work-Study (doesn't affect cash aid)</p> <p><input type="checkbox"/> Off-Campus CalWORKs Work-Study (doesn't affect cash aid)</p>
<p>If you are not currently working, would you like assistance with locating a work-study placement on or off-campus?</p> <p>Yes No</p>	
<p>Please list your job or career goal: _____</p>	<p>Please list current job skills: _____</p>
SECTION 6 – CERTIFICATION AND AUTHORIZATION (APPLICANT MUST READ AND SIGN BELOW TO BE ELIGIBLE)	
<p>With my signature below, I acknowledge that I have carefully reviewed the content of this application, and certify that the information contained herein is true and complete to the best of my knowledge per penalty of perjury. If asked by any authorized College CalWORKs official, I agree to provide proof of program eligibility, which may include a copy of my and/or my children's public assistance award documents. I also realize that any false statement or failure to give proof when asked may be cause for the denial, termination, and/or repayment of CalWORKs services or equivalent cost for services. I understand that I can be removed from this program if I fail to comply with program guidelines, county requirements, fail to progress academically, or at the CalWORKs programs' discretion. Lastly, I understand that services provided by this program are contingent upon available funds.</p>	
<p>_____ Student Signature</p>	<p>_____ Date</p>