



CUESTA COLLEGE EOPS
 P.O. BOX 8106
 San Luis Obispo, CA 93403
 (805) 546-3144 or 546-3964

C.A.R.E. APPLICATION
 Cooperative Agencies Resources for Education
 APPLICATION FOR 2009-2010 CARE PROGRAM

Name of Applicant (please print)	Social Security Number		
Street Address	Date of Birth		
City	State	Zip Code	Phone Number

YES	NO	Are you a single head of household?
_____	_____	
_____	_____	Have you ever applied for EOPS at Cuesta College?
_____	_____	Do you receive TANF/CalWORKs (formerly known as AFDC) benefits
_____	_____	Do you have a child under the age of 14?

If all of the answers to the above questions are YES, please complete the remainder of this application.

.....
 (please circle)

I. MARITAL STATUS Single Separated Divorced Widowed

II. EMPLOYMENT WHILE ENROLLED IN COLLEGE
 Part-time _____ Full-time _____ None _____

III. CHILDREN
 Please list information about all children

NAME	AGE	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Turn Page Over and Continue

IV. CHILD CARE EXPENSES

YES NO

_____ Do you require childcare in order to attend classes at Cuesta?

_____ Are you a Cuesta CalWORKs/Workforce Development participant?

_____ Do you pay for a portion of your childcare expenses with your own resources?

Name of your child care provider _____

What is your average monthly expenses for childcare (not covered by CALWORKs or a childcare program) that you are responsible for paying? \$ _____

V. What was the Date that you started receiving cash aid from Department of Social Services?

Month _____ Day _____ Year _____

VI. Which campus will you be attending? SLO _____ Paso Robles _____ Both _____

ALL APPLICANTS: READ THIS STATEMENT AND SIGN BELOW

I authorize the release of information regarding this application between the college, the college district, Chancellor's Office, California Community College, Department of Social Services, State Department of Rehabilitation, PIC (Private Industry Council) and EDD (Employment Development Department).

Student Signature

Date

-----EOPS OFFICE USE ONLY-----

() CARE Eligible

C () No waiver

() Ineligible

P () Less than full-time enrollment

() TANF Documentation

B () Break in TANF/CalWORKs benefits

() CARE Grant request submitted to Director

O () Other _____

EOPS STAFF SIGNATURE

DATE