



CUESTA COLLEGE

Program Eligibility Determination Agency Certification

The information provided below will be used only to determine CARE/CalWORKs eligibility and will be kept confidential by the campus pursuant to section 76200-76246 of the California Education Code and the 1974 Family Education Rights and Privacy Act.

Name of CalWORKs Applicant (Please Print)

Last	First	Middle
Social Security Number _____ - _____ - _____		
DSS Worker's Name _____		
DSS Office and Fax Number		
<input type="checkbox"/> Arroyo Grande	Fax 805-474-2134	
<input type="checkbox"/> Atascadero	Fax 805-461-6036	
<input type="checkbox"/> Morro Bay	Fax 805-772-6486	
<input type="checkbox"/> Nipomo	Fax 805-931-1804	
<input type="checkbox"/> Paso Robles	Fax 805-237-3115	
<input type="checkbox"/> San Luis Obispo	Fax 805-781-1686	

▶ TO BE COMPLETED BY THE STUDENT AND SPOUSE, IF APPLICABLE, AND/OR PARENT BEFORE SUBMITTING TO AGENCY

I authorize the appropriate office/agency to provide the information requested by Cuesta College.

Case name under which benefits are paid (Please Print) _____

Case Number _____

Applicant's Signature _____

Date _____

TANF/CalWORKs Other _____

▶ TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS

The person(s) named above received/receives no assistance from this agency.

No record Not Eligible (Reason) _____

The person(s) named above are receiving the benefits listed below: **Current Monthly Amount**

Type of Benefit: _____	\$ _____
For entire family, including applicant	
Benefits Began (Month/Year) _____	

Type of Benefit: _____	\$ _____
For entire family, including applicant	
Benefits Began (Month/Year) _____	

Is change or termination of benefit(s) anticipated during the year? Yes No

If yes, explain change or give date of termination: _____

Is an allowance provided to cover Child Care, fees, transportation, books and supplies? Yes No

If yes, itemize allowance(s) and give amount(s): _____

Agency Representative (Type or Print) _____

Title/Official Position _____

Signature _____

Date _____

Telephone Number (_____) _____

Agency Stamp Required

Return completed form to:



Cuesta College, EOPS/CARE, P.O. Box 8106,
San Luis Obispo, CA 93403-8106
or Fax to 805-546-3970