

Grossmont College CalWORKs Program APPLICATION

Application
Received by: _____

MIS
STAFF
INITIAL _____

8800 Grossmont College Drive
El Cajon, CA 92020

Phone: (619) 644-7552
Fax: (619) 644-7908

GENERAL INFORMATION

Today's Date: _____ Student ID number: _____

Case Number: _____ SOCIAL SECURITY #: _____ - _____ - _____

NAME: _____ E-mail: _____
Last First MI

ADDRESS: _____ TELEPHONE #: () _____ - _____

CITY _____ ZIP _____ DATE OF BIRTH: ____/____/____
 MALE FEMALE

What is your native language? _____ Other languages spoken? _____

CalWORKs ELIGIBILITY: Please enter Y = Yes N = No in each box

- I currently receive CalWORKs (cash aid). My benefits started on: ____/____/____
- I receive Tribal TANF benefits.
- I only receive CalWORKs (cash aid) for my children.
- My spouse/significant other is also enrolling, or is a participant in, the Grossmont College (CalWORKs) program. His/Her name is: _____

NATIONAL ORIGIN (This information helps us identify & advocate for the diversity needs of our students.) Please enter Y = Yes N = No for each box

- | | |
|---|--|
| <input type="checkbox"/> African: _____ | <input type="checkbox"/> European American/White |
| <input type="checkbox"/> African American | <input type="checkbox"/> Latino/Hispanic: _____ |
| <input type="checkbox"/> American Indian/Native American: _____ | <input type="checkbox"/> Middle Eastern: _____ |
| <input type="checkbox"/> Asian/Pacific Islander: _____ | <input type="checkbox"/> Other: _____ |

FAMILY INFORMATION: Total number of children in your household? _____

Please enter Y = Yes N = No for Marital

- Single (never married) Married Separated Divorced Widowed

Name of Children	Gender	Date of Birth	Age	Disability?
<small>First Last</small>				
1. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____	yes <input type="checkbox"/> no <input type="checkbox"/>
2. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____	yes <input type="checkbox"/> no <input type="checkbox"/>
3. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____	yes <input type="checkbox"/> no <input type="checkbox"/>
4. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____	yes <input type="checkbox"/> no <input type="checkbox"/>
5. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____	yes <input type="checkbox"/> no <input type="checkbox"/>
6. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____	yes <input type="checkbox"/> no <input type="checkbox"/>
7. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____	yes <input type="checkbox"/> no <input type="checkbox"/>
8. _____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____	____	yes <input type="checkbox"/> no <input type="checkbox"/>

Please complete the back side of this application.

EMPLOYMENT CASE MANAGER

My Employment Case Management Group is: Please enter Y= Yes N = No in each box.

PCG

Address of Case Manager:

ResCare

Case Manager _____ Phone # _____
Last First

EDUCATIONAL INFORMATION

Educational Goal: _____

Major: _____

- I am/plan to be a full-time student.
- I plan to take ESL classes.
- I need to improve my computer skills.
- I completed the Math and English placement tests.
- I graduated from a U.S. high school.
- I completed high school in another country.
How many years? 3 years 4 years
- I earned a GED or High School Proficiency Certificate.

- I did not graduate from high school or earn an equivalency. Highest level completed: _____
- I have attended other U.S. colleges or universities*: _____
- My overall grade point average is 2.0 or above. Total # of units completed: _____
- I have Advanced Placement (AP) scores*.

***AP scores and transcripts from other colleges and universities must be sent to the Grossmont College Admissions and Records Office.**

HELP US IDENTIFY OTHER STUDENT SERVICES YOU MAY NEED. Please enter Y= Yes N = No in each box

- I would like to learn more about the CalWORKs Student Club.
- I would like to learn more about the Child Development Center on campus.
- I am an EOPS/CARE student (or applied to those programs).
- I am a PUENTE or UMOJA student (or applied to those programs).
- I am an ARC (formerly known as DSPS) student.
- I have been diagnosed with a learning disability.
- I think I may have a learning disability and would like to get assessed.
- I am dealing with a serious medical or mental health condition.
- I want to learn more about the free tutoring on campus.
- I am a veteran of, or a reservist for, the U.S. Armed Forces.
- Other: is there anything else you would like us to know about you? _____

I understand that the information I have provided will be used to determine my eligibility for the Grossmont College CalWORKs program, and I certify under penalty of perjury that this information is true, complete, and accurate to the best of my knowledge. I also understand that this information will not be shared with the County of San Diego or with other programs on the Grossmont College Campus.

Student Signature

Date

Grossmont College CalWORKs Program
8800 Grossmont College Drive, El Cajon, CA 92020
Phone: 619-644-7552 Fax: 619-644-7908

Last Name: _____ First Name: _____

Student ID: _____ Case Number: _____

How did you learn about our program?

Please check the boxes that best fit your situation.

Section I: Who sent you here? Please enter Y = Yes N = No in each box

- I was already a student, signed my welfare to work plan and heard about the program on campus.
- I was already a student and heard about the program from my ECM.
- My ECM told me to come here.
- I was working or doing job search and *decided on my own* that I needed to come to school instead.

Section II: When did you sign your Welfare to Work Plan? Please enter Y = Yes N = No in each box

- I signed a Welfare-to-Work plan *before* enrolling in school.
- I signed a Welfare-to-Work plan *after* enrolling in school.
- I don't know when I signed my Welfare-to-Work plan.
- I have not signed a Welfare-to-Work plan.
- What's a Welfare-to-Work plan?
- I am working and don't have a Welfare-to-Work plan right now.

Section III: Are you currently employed? Please enter Y = Yes N = No in each box

Are you Currently Employed? Yes No

- Job Title _____ Company _____
- Start Date: _____ - _____ - _____
- How many hours you work per week? _____
- How much to you earn per hour? \$ _____



GROSSMONT COLLEGE CALWORKS

A Culture of Caring

The Family Education Rights & Privacy Act (FERPA) is a federal law that influences record keeping in most colleges and universities. It is popularly known as the "Buckley Amendment". The law requires that the educational records of student in colleges and universities receiving Department of Education funds remain confidential. The Buckley Amendment allows access to a student's education records only if the student gives written consent.

RELEASE OF INFORMATION

TO:	FROM: GERARDETTE NUTT
Address:	Address: 8800 Grossmont College CalWORKs
City:	City: El Cajon, CA 92020
Phone Number:	Phone Number: (619)644-7552

PARTICIPANT INFORMATION

Participant Name:	Phone Number:
Address:	City:
Case Number:	Social Security Number:

A referral is being requested because : RELEASE OF INFORMATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release and exchange of information between the Grossmont College CalWORKs program, CalWORKs Welfare-to-Work Program, Health And Human Services Agency, state or federal agencies or their representatives and the Service Provider regarding my attendance, progress, participation and assessment for monitoring, hearing and/or auditing purpose. In the event damages should occur due to the release of such information, the undersigned agrees to hold Grossmont Community College harmless. A copy of this authorization is as valid as the original. This document will remain in effect until revoked by the student **in writing**.

Participant Signature:	Date:
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GROSSMONT-CUYAMACA
COMMUNITY COLLEGE DISTRICT

Model Release

I, _____, hereby consent and authorize Grossmont-Cuyamaca Community College District to use and reproduce my name, biographical information, photograph, and video image in all forms of media including publications, advertising materials, videos, and the Internet. I will make no claim of any kind. I understand I will not receive any compensation as a result of the use of my name, biographical information, photograph, and video image.

This consent and release may be revoked only in writing delivered to the Advancement and Communications Office of the Grossmont-Cuyamaca Community College District. Any such revocation will apply only to materials to be distributed in the future and not to any materials already printed or otherwise created at the time of revocation.

- I hereby warrant that I am of legal age and have the right to contract in my own name.
- I am the parent/guardian of _____, a minor.

Date _____ Participant Signature _____

Parent/Guardian Signature (if under 18) _____

Please fill out information below:

Print name _____

Phone _____

Email _____

Event name: _____

If mailing this form return to:
Marketing & Communications Office
Grossmont-Cuyamaca Community College District
8800 Grossmont College Dr.
El Cajon, CA 92020
(619) 644-7842