



# COOPERATIVE AGENCIES RESOURCES FOR EDUCATION

**San Diego City College**  
1313 Park Blvd, Room A-354 ~ San Diego CA 92101-4787  
(619) 388-3209 Office (619) 388-3163 Fax

## 2020-2021 CARE Program Application (for new & continuing students)

CSID#: \_\_\_\_\_ Case#: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST M.I.

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Email Address: \_\_\_\_\_ Primary Phone#: \_\_\_\_\_

Marital Status: Married Single Divorced Separated Widowed

### Please answer each question below:

- Yes No Have you applied to the San Diego City College EOPS Program?
- Yes No Do you (or your children) currently receive CalWORKs Cash Aid?
- Yes No Do you have at least one child under 18 years old?
- Yes No Are you designated by the County HHSA as Single Head of Household?
- Yes No Are you at least 18 years old?
- Yes No Did you participate in the CARE Program during: Fall 2019 Spring 2020

### Please list all family members who currently live with you:

Include yourself, spouse, or father of child/children (if applicable), dependent children and other dependents (if they will receive more than half of their support from you).

FULL NAME	AGE	BIRTHDATE	RELATIONSHIP

### **CERTIFICATION**

By typing my name below, I certify under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. I also understand that false statements or failure to provide proof when requested may result in denial, modification and/or cancellation of program participation and repayment of any financial assistance received.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

#### **OFFICE USE ONLY:**

EOPS Eligible: Yes No Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

CARE Eligible: Yes No Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Comments: \_\_\_\_\_