



COOPERATIVE AGENCIES RESOURCES FOR EDUCATION

San Diego City College EOPS Program
1313 Park Blvd, Bldg. A - Room 354 San Diego CA 92101
Office (619) 388-3209 ~ Fax (619) 388-3163

2021-2022 CARE PROGRAM APPLICATION

CSID#: _____ County Case#: _____

Name: _____
LAST FIRST

Address: _____
STREET CITY STATE ZIP

Email Address: _____ Primary Phone#: _____

Marital Status: Married Single Divorced Separated Widowed

TO QUALIFY FOR THE CARE PROGRAM, YOU MUST ANSWER YES TO EACH CRITERIA BELOW

- Yes No I am currently participating or have applied to the San Diego City College EOPS Program.
- Yes No I am a parent or legal guardian of at least one child under the age of 18.
- Yes No I am currently receiving CalWORKs cash aid assistance for myself and/or my dependent children.
- Yes No I am designated as single head of household by the County HHSA.
- Yes No I reside in a one-parent household (i.e.: I am not living with the father/mother of my children).
- Yes No I am at least 18 years of age or older.

PLEASE LIST YOURSELF AND YOUR DEPENDENT CHILDREN (and other dependents in your household if they will receive more than half of their support from you). If applicable include your spouse and/or the parent of your children if they reside in your household.

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 may result in cancellation of program services and participation. I also grant permission for CARE staff to verify information on this form utilizing the San Diego County CALWIN System.

Student Signature

Date

OFFICE USE ONLY

EOPS ELIGIBLE: YES NO CARE ELIGIBLE: YES NO DATE: _____ STAFF INT: _____

COMMENTS: _____