

Berkeley City College
EOPS/CARE/CalWORKs Application Form
2050 Center Street Berkeley, CA 94704 (510) 981-2832

Year _____ Fall Spring

Name: _____ SSN: _____ SID: _____
Please print Last First Initial

Address _____ City _____ Zip: _____

Phone # () _____ - _____ Alternate () _____ - _____ Cell # () _____

Peralta Email _____ (Alternate Email) _____

I. Personal Information

Gender: Male Female D.O.B. ___/___/___ Age _____

Race/Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> African American/ African | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Filipino/Pacific Islander | |

Is English your native language? Yes No _____
If no, please name:

Have you applied for a Fee Waiver? Yes No

Are you currently enrolled in 12 units? Yes No

California Resident Yes No Lived in California since _____

Marital Status: Single Married Divorced

II. Educational Goal (Please check one) Major _____

- | | |
|---|--|
| <input type="checkbox"/> AA-AS degree only | <input type="checkbox"/> Transfer without AA / AS degree |
| <input type="checkbox"/> Certificate, License | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transfer with AA / AS degree | <input type="checkbox"/> Undecided |

Where do you plan to transfer to? _____

III. Educational Criteria (check all that applies)

Your educational level No HS Diploma GED HS Diploma GPA: _____ Attended College

Last College Attended: _____ Degree Obtained: AA BA/BS Cert. None

Were you enrolled in EOPS? Yes No EOPS Transfer _____ Re-Admit Student _____

Your Father's educational level Non-HS-Graduate HS Graduate College Graduate

Your Mother's educational level Non-HS-Graduate HS Graduate College Graduate

CARE/CalWORKs ELIGIBILITY

IV. County Information

1. Are you currently receiving CalWORKs/TANF? Yes No Recipient Since ___ / ___ / ___
 2. Are you a single head of household? Yes No
 3. Is your youngest child under 14 years old? Yes No
 4. Have you signed a Welfare to Work plan? Yes No Date Signed _____
 5. Assurances you are receiving from the county: Childcare Supplies Transportation
 6. Employment Counselor's Name: _____ County: _____
- Worker Phone: (____) _____ Worker ID #: _____

Student CalWORKs Status: (Please check one)

1. Self Initiated Program Participant? Yes No
2. Self Referred Program Participant? Yes No
3. County Referred Program Participant? Yes No
4. Exempt Program Participant? Yes No
5. Post-Employ Program Participant? Yes No
6. Student Family Status One parent family Two parent family

V. CalWORKs

Are you working? Yes No

Name of company/agency: _____

Address of company: _____

Hours of work: _____ Monthly/Hourly Wage: _____

How long have you worked with the current employer: _____

Supervisor's Name: _____ Phone: _____

CHILD'S NAME	DATE OF BIRTH	AGE	GENDER

I, _____, grant permission to Berkeley City College's EOPS/ CARE/CalWORKs program to discuss my case with county representatives for the purposes of eligibility, verification, and other issues pertaining to my county case.

VI. STUDENTS' NEEDS SURVEY

Please fill out the following survey by marking the appropriate box. Your requests will assist the program design compressive support service to address your needs.

ACADEMIC/CAREER ASSISTANCE

- Writing Comprehension Note Taking Math Career Exploration

PERSONAL DEVELOPMENT WORKSHOPS

- Self Esteem Leadership Work Ethics Time Management Teamwork

PROGRAM & SERVICES

- Counseling Tutoring Book Voucher/Book Loan Internship
 Scholarship Work Study Other _____

CAMPUS COMMUNITY CONNECTION

- Library Career/Transfer Center Computer Lab Student Clubs

Is there any personal or family issue that might interfere with your ability to start or complete your educational goal(s)?

Do you have a learning disability or would like to be tested for a learning disability?

- Yes No (if yes, please explain)

Additional Information you feel is relevant to this process: _____

Emergency Information: In case of an emergency, please contact:

Name: _____ Phone: _____

Address: _____

I hereby swear or affirm, under penalty of perjury, that all the information on this form is true and complete to the best of my knowledge. If asked, I agree to give proof, which may include a copy of my most recent tax return. I also realize that any false statements or failure to give proof when asked to; may be cause for denial or being dropped from the program(s).

Applicant' Signature: _____

Date: _____

I fully understand that participation in the EOPS Orientation is a requirement for program eligibility. _____

Signature: _____

Date: _____