

CARE Acceptance & Service Contract Agreement

	ons of accepting and receiving support se I and agree to the following:	rvices through the CARE program, I	
	verification of benefits at the beginning of each ac understand that if I stop receiving TANF/CalWOR	n Form" or "CARE Self Disclosure Form" with a current cademic year as proof of my eligibility for CARE. I RKs assistance or if my single-head of household status ARE, I must immediately notify the EOP&S/CARE offic	3
	I agree to fulfill my EOP&S Mutual Responsibility semester. This includes:	Contract by the deadline dates set by EOP&S staff each	ch
	Plan will be developed or updated to ensure Submission of a completed mid-term Progincludes tentative grades, and comments f	ress Report each semester to the EOP&S office that from each of my instructors. If the second half of the semester to discuss my acaden	
	I must demonstrate satisfactory academic progres better, and at minimum, I must successfully comp	ss by achieving a cumulative grade point average of 2.0 blete 9 units each term with a grade C or better.	0 or
		ogram, I must earn a total of 8 CARE points by <u>attendir</u> ollowing and will promptly submit proof of my participation	
	 attended. Self-Development Workshops sponsore college during the fall and spring semester 	Center, Math Success Center or STEM, and each hou	the
	I understand that I must earn all my points within the start and end dates of each semester and that I cannot carry over points from one term to the next. I understand that if I am a current and active participant in the CalWORKs Program at Citrus College, I must request ancillary services through CalWORKs for all my textbook needs as I can only receive this service from one program.		
		ervices from CalWORKs and CARE in the same term is ate dismissal from the EOP&S/CARE Program. This is nd grounds for student discipline.	
	I understand that by successfully fulfilling the EOF to receive a CARE grant at the end of each fall an	P&S and CARE requirements listed above, I will be elignd spring semester.	jible
	I understand that if I apply for a student loan, it may	ay reduce or eliminate my accessibility to a CARE gran	ıt.
	I understand that the terms of this agreement betware intended to increase my success in college.	ween the CARE program and I are mutually binding an	d
PRINT First an	d Last Name	Student ID #	
Student Signat	ure	Date	
CARE Staff Sig	onature	Current Term	