



CARE

Cooperative Agencies Resources for Education Application

The Cooperative Agencies Resources for Education (CARE) program was established by Assembly Bill AB3103 to assist single parents in the EOP&S program who receive TANF/CalWORKs benefits. The goal of CARE is to help break the cycle of dependency by providing support services to students working towards completing college level training and educational programs.

Through CARE, students receive supplemental educational support services including counseling, advisement, and peer networking activities specifically designed for low-income single parents. In addition, grants, transportation assistance, textbooks, laptop loaner program, basic car repair reimbursement and school supplies are provided to enhance the retention and transfer rate of academically high-risk students. Students who receive support from the EOP&S/CARE program are more successful in achieving their educational goal(s) compared to non-EOP&S/CARE participants.

To be considered for the CARE program, you must first meet all the EOP&S requirements and be actively enrolled in the program.

EOP&S Eligibility:

1. Be a California resident (as determined by the Admissions and Records office)
2. Be enrolled in 12+ units for fall and spring semester
3. Have not earned a BA/BS degree or AA/AS/ADT degree
4. Have less than 45 degree applicable units completed
5. Have a minimum 2.00 GPA if some college coursework has been completed
6. Be eligible for the California College Promise Grant A or B (formerly BOGFW A or B)
7. Demonstrate an educational disadvantage (determined by EOP&S application)

CARE Eligibility:

In addition to the above EOP&S requirements you must:

1. Be a single parent, single head of household
2. Be currently receiving TANF/CalWORKs for you and/or for your dependents
3. Be at least 18 years of age

NOTE: In order to be considered for the CARE Program, a student must have completed an EOP&S new student orientation, and must show verification that s/he is currently receiving TANF/CalWORKs. Potential CARE students are required to complete a CARE orientation before receiving CARE services.



**Cooperative Agencies Resources for Education
Application**

STUDENT INFORMATION

| | |
|--------------------------|--------------------------|
| NAME _____ | DATE _____ |
| STUDENT ID# _____ | BIRTH DATE _____ |
| ADDRESS _____ | |
| CITY _____ | ZIP CODE _____ |
| HOME PHONE: (____) _____ | CELL PHONE: (____) _____ |
| EMAIL: _____ | |

CARE CRITERIA

| | | | | |
|--|-------|--------------------------|----|--------------------------|
| ARE YOU SINGLE HEAD OF HOUSEHOLD? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| ARE YOU OR YOUR CHILD RECEIVING TANF/CalWORKs? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| LENGTH OF TIME RECEIVING TANF (CASH AID ASSISTANCE)? | _____ | | | |

CARE DATA

| | | | |
|---|---------------|----------------------|--------------------|
| NUMBER OF CHILDREN _____ | | | |
| MARITAL STATUS: SINGLE (NEVER BEEN MARRIED) _____ | | MARRIED _____ | |
| DIVORCED _____ | | WIDOWED _____ | SEPARATED _____ |
| NAME OF CHILD | GENDER | DATE OF BIRTH | CURRENT AGE |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

STUDENT'S SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

| | | |
|--|------------|----------------------|
| CARE Untaxed Income Verification Form Received | Date _____ | Staff Initials _____ |
| CARE Orientation Completed | Date _____ | Staff Initials _____ |