

CARE Self Disclosure Verification

CARE regulations require us to verify each student's financial resources. The information provided below will be used for CARE purposes only and will be confidential per Sections 76200-76246 of the California Education Code and the 1947 Family Education Rights and Privacy Act.

STUDENT INFORMATION

Name: _____	Date: _____
Student ID#: _____	DOB: _____

CARE VERIFICATION

Are you and/or your child receiving CalWORKs (cash aid)?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
CalWORKs Case #: _____				
Are you single head of household?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are you at least 18 years old?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Date you began receiving CalWORKs (cash aid): _____				
How many individuals are on your CalWORKs case? _____				
I am receiving CalWORKs (cash aid) for:				
Check all that apply:	Myself:	Spouse/Partner:	Child/Children:	Other:
List all individuals on your CalWORKs case:				
Name:	DOB:	Relationship:		
1. _____	_____	_____		
2. _____	_____	_____		
3. _____	_____	_____		
4. _____	_____	_____		
5. _____	_____	_____		
Did you recently receive a stop notice from the County?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are you currently being sanctioned by the County?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

I hereby authorize the release of my information to CARE staff from the informational resources of the college and necessary outside agencies for the purpose of monitoring my eligibility for the CARE program. I understand that failure to provide accurate information regarding my CARE eligibility or failure to update said information may result in my dismissal from CARE including the cancellation of additional CARE services. I further understand that this agreement is valid for the current semester only and must be renewed each subsequent semester. This agreement becomes invalid if I officially withdraw, graduate, or transfer.

By signing this form, I agree that the information provided above is true and correct.

Student Signature	Date	Current Semester
CARE Staff Signature	Title	Date Received