

SACRAMENTO CITY COLLEGE
CalWORKs APPLICATION

Personal Information

Social Security Number: _____ SCC Student ID Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Gender: Male Female Family Status: Single Parent Family Two Parent Family

Spouse/Domestic Partner's Name _____ Does your spouse attend SCC? Yes No

What is your racial/ethnic origin? (Check One)

___(1)American Indian/Alaskan Native ___(2)Asian/Pacific Islander ___(3)Black/African-American
___(4)Caucasian/White ___(5)Hispanic/Latino/Mexican-American ___(6)Filipino ___(7)Other (non White)

Your primary language is: _____

TANF Information

Are you receiving TANF (Must be receiving TANF to qualify for the CalWORKs Program) Childcare Services

TANF Worker's Name: _____ WORKER'S CODE: _____

Worker's Phone Number: _____ When did you first start receiving CalWORKs/TANF? _____

Employment Information

Your Job Title: _____ Pay Rate: _____ Hours Per Week: _____

Employer Name: _____ Telephone: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Are you receiving Federal Work Study (you receive this from Financial Aid)? Yes No

Would you like help finding a job? Yes No

Dependents Information

CHILDREN WHO ARE LIVING IN YOUR HOME (17 years old and younger)

Name	Date of Birth	Does this child have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes please explain _____

Do you use on campus day care? Yes No

Outreach

How did you hear about the SCC CalWORK's Program?

Outreach/Recruitment Internet Case worker Friend College Other

Are you receiving: Financial Aid Fed Work Study EOP&S Disability Resources/LD VA Bens

Have you been on CalWORKs at any other college? Yes No **College Name:** _____

EDUCATION AND TRAINING HISTORY

Did you complete a high school diploma, or G.E.D., or pass the High School proficiency exam? Yes No

(Mark One) _____ High School diploma _____ G.E.D _____ Proficiency _____ Non-Graduate

Name of high school you last attended _____ Last year attended _____

School/College	Course of Study	Units Completed	Diploma, Degree, or Certificate obtained	Date Completed

Do you have a current application at SCC? Yes No

Are you enrolled in classes at Sacramento City College? Yes No

Number of units enrolled in this semester: _____

Enrollment Status: Continuing Returning Transfer New

Educational Goal: Certificate-Program: _____
 Associate Degree-Major: _____
 Undecided

Have you taken the SCC English/Math Placement Tests? Yes No If yes, please list

Recommended courses for: Reading _____ Writing _____ Math: _____

Are you enrolled in any English as a Second Language (ESL) course? Yes No

Do you think you might have a learning disability? Yes No Not Sure

Please read item A and B below and mark the box that best describes you.

A. I have already made a career choice.
 My short term job/career goal is _____
 My long term job/career goal is _____

B. I have not made a career choice. Please list any jobs or careers you are considering, if any.

POTENTIAL BARRIERS (Any area listed below that interferes with school or work attendance)

<input type="checkbox"/> Child Care	<input type="checkbox"/> Transportation	<input type="checkbox"/> Language Barriers
<input type="checkbox"/> Age	<input type="checkbox"/> Legal Matters	<input type="checkbox"/> Arrest/convictions
<input type="checkbox"/> Health	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Learning Difficulty
<input type="checkbox"/> Other Barriers	<input type="checkbox"/> Housing	<input type="checkbox"/> Unable to qualify for financial aid

Please Explain Barriers:

Sacramento City College CalWORKs Release Form

NAME: _____ Student ID: _____

PHONE: Cell #: _____ Home #: _____

EMAIL ADDRESS: _____ Orientation Date: _____

STAFF USE ONLY

Intake Appt: Staff Name: _____ Time: _____

Counselor Appt: Counselor Name: _____ Time: _____

Notes: _____

Authorization for Exchange of Information (Release Form)

In order for Sacramento City College CalWORKs to provide you the best services possible, it may be necessary for our staff to speak with the Department of Human Assistance, on campus and off campus agencies, departments or employers regarding your educational plans/schedules, ongoing progress public assistance case, employment related information, and other issues for which you request our assistance.

By signing this Authorization for Exchange of Information, you are giving Sacramento city College CalWORKs Program staff permission to discuss the information identified below with the agency(ies) listed below.

I, _____ give Sacramento City College CalWORKs Program staff permission to speak with the following: (please initial each)

_____ Department of Human Assistance

_____ Off Campus Agencies

_____ Sacramento City College Departments

_____ Employers

_____ Other (please write in) _____

I understand that this Authorization for Exchange of Information can be revoked by me at any time.

Student Signature: _____ Date: _____

SCC CalWORKs Staff: _____ Date: _____