

**Cuyamaca College CalWORKs S.T.E.P.S. Program
INTAKE FORM**

Name: _____ Colleague ID #: _____

Address: _____ Apt. # _____

City: _____ Zip: _____

DOB: ____/____/____ Phone #: _____ Cell Phone #: _____

Work Phone #: _____ E-Mail Address: _____

Marital Status: Single Married Married/Spouse Disabled Separated Divorced Widowed

If married, name of spouse: _____ Is spouse on the case? YES NO

Ethnicity: White Hispanic African American Middle Eastern

Native American Asian Other: _____

Native Language: English Spanish Arabic Chaldean Other: _____

Employment Case Management Organization: *PCG *RESCARE

Name of WORKER (ETA/ECM): _____ Phone: _____

Educational Goal: *Degree *Certificate *Transfer Declared Major: _____

Applied to: *CARE *DSPS *EOPS *Financial Aid Other: _____

DO YOU HAVE CHILDREN UNDER 5? YES NO Please ask about enrolling your
DO YOU NEED HELP WITH CHILDCARE? _____ child at the Child Development Center.

Are you a Veteran? YES NO Are you eligible for Veteran Services? YES NO

Which branch were you associated with?

MARINES ARMY NAVY COAST GUARD AIR FORCE RESERVES

Please continue on the other side.

Employment Information:

Are you currently working? YES NO

If YES, where: _____ Job Description: _____

Hours per week: _____ Hourly rate: \$ _____

When did you start? _____ Supervisors Name & Phone #: _____

If married, does your spouse work? YES NO How many hours per week? _____

Are you currently participating in Work Study? YES NO

How many hours? _____ Where? _____

*Federal Work Study *EOPS Work Study (Circle one)

Are you interested in CalWORKs Work Study? YES NO

If YES, please ask for an application. This is awarded on a first come, first served basis.

I understand that the information that I have provided will be used to determine my eligibility for the CalWORKs S.T.E.P.S. Program and I certify this information is correct to the best of my knowledge. If at any time I am no longer receiving cash aid or DROP A CLASS, I will immediately contact the CalWORKs S.T.E.P.S. Program at Cuyamaca College.

أنا أفهم بان المعلومات التي قمت بتقديمها سوف تستخدم لتحديد أهليتي لبرنامج الكال وورك (CalWORKs) وأشهد بصحة هذه المعلومات الى حد علمي . وإذا في أي وقت لم اعد اتلقى المساعدات النقدية او قمت باسقاط او حذف درس من الدروس ساقوم على الفور بابلاغ مكتب برنامج الكال وورك (CalWORKs) في كلية Cuyamaca.

Signature

Date

Cuyamaca College CalWORKs S.T.E.P.S. Staff Member: _____

Date