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:	<u>@</u>						
Marital Status: Single Married Married/Spouse Disable If married, name of spouse:	·						
Ethnicity: White Hispanic African American Native American Asian Other: Native Language: English Spanish Arabic	:						
Employment Case Management Organization: *	*PCG *RESCARE						
Name of WORKER (ETA/ECM):	Phone:						
Educational Goal: *Degree *Certificate *Transfer De Applied to: *CARE *DSPS *EOPS *Finance							
DO YOU HAVE CHILDREN UNDER 5? YES NO	Please ask about enrolling your						
DO YOU NEED HELP WITH CHILDCARE?	child at the Child Development						
Are you a Veteran? YES NO Are you eligible for N Which branch were you associated with? MARINES ARMY NAVY COAST GUARD	Veteran Services? YES NO AIR FORCE RESERVES						

Please continue on the other side.

Employment Information:							
Are you currently working?	УES		<u>NO</u>				
If YES, where:				Job	Descri	ption:	
Hours per week:							
When did you start?S							
If married, does your spouse wor	·k?	<u>YES</u>	<u>NO</u>	How	v many	hours	per week?
Are you currently participating in	Work	k Stud	ly?		УES		<u>NO</u>
How many hours?	Wher	e?					
*Federal Work Study	*EOPS	5 Work	Stud	y	(Circl	e one)	
Are you interested in CalWORKs	Work	Study	/?		<u>YES</u>		<u>NO</u>
If YES, please ask for an application.	This is	s awar	ded on	n a fi	rst com	e, first	served basis.
I understand that the informa	tion t	hat I	have	e pro	ovided	will b	e used to
determine my eligibility for the	e Calv	VORK	s 5.	T.E.	P.S. P	rogra	m and I certify
this information is correct to 1	the be	est of	my	knov	wledge.	If	at any time I am
no longer receiving cash aid or			•				•
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arery connact the
CalWORKs S.T.E.P.S. Program	i ai c	uyamo	aca C	one	ge.		
Signature							Date
Cuyamaca College CalWORKs S.T.E.P.S	5. Staf	f Mem	ber: _				

Date