



CALWORKS APPLICATION

Please complete the following application and submit to the CalWORKs office (K1-305), located on the 3rd floor of the Student Services building.

GENERAL INFORMATION

Legal Name: _____ **CSID #:** _____
(Last) (First) (M.I)

Preferred Name/ Nick Name: _____ **Gender:** () Female () Male

Address: _____
(Street) (City/State) (Zip Code)

SSN: _____ **Date of Birth:** _____

Home Phone: _____ **Email:** _____

Marital Status: () Single () Married () Separated/Widowed/ Divorced

Family Status: () One Parent Family () Two Parent Family

National Origin: () African American () Asian/Pacific Islander () American Indian () Latino
() Euro American () Other, Specify _____

Date your CalWORKs benefits began? _____ **Case Number:** _____

How did you hear about us: () Self-Referred () ECM Referral () Other _____

Are you a SIP (Self-Initiated Participant)? () Yes () No

What is your major or educational Goal? _____

What is your occupational goal? _____

Are you currently receiving or have applied for:

() Financial Aid () BOGW () EOPS () CARE () CDC () DSPS () ESL



CHILD'S INFORMATION

Child Name	Date of Birth	Infant/Preschool/School-age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ETA INFORMATION (EMPLOYMENT TRAINING ADVISOR)

Name: _____
(First) (Last)

Address: _____
(Street) (City/State) (Zip Code)

Phone Number: _____ Fax Number: _____ Email: _____

Do you have a Welfare-To-Work Plan? () Yes () No

Do you volunteer or do community Service? () Yes () No

Are you exempt from W-T-W activities? () Yes Why? _____ () No

EMPLOYER INFORMATION

Are you employed? () Yes () No If so, is it a work-study position? () Yes () No

Employer's Name: _____

Employer's Address: _____
(Street) (City/State) (Zip Code)

Date started this job: _____

Job Title: _____ Phone Number: _____

Hourly Wage \$ _____ Hour per Week: _____

If not employed would you like to find a job? () Yes () No

Signature: _____ Date: _____



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I hereby authorize San Diego Miramar College to release information to the following agencies on a need to know basis.

Employment Case Manager (ECM)

HHSA (County Eligibility worker)

I also authorize the Health and Human Services agencies and its contracted agencies to release copies of the following documents to San Diego Miramar College.

Copy of Welfare to Work Plan

Agency Certification/Untaxed income form

Other

Full Name (Please Print) Case number

Address

City State ZIP Code

Date of Birth Social Security Number

Student's Signature Date