



## CALWORKS APPLICATION

Please complete the following application and submit to the CalWORKs office (K1-305), located on the 3<sup>rd</sup> 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