

2015-2016 CARE APPLICATION



PRINT

NAME _____	College ID # _____
ADDRESS _____	CITY _____
Zip _____	PHONE (____) _____ - _____
Date of Birth ____/____/____	CELL OR MESSAGE _____ - _____ -- _____
	College Email _____

For Students who are Receiving TANF (formerly AFDC) for their child or themselves

PERSONAL INFORMATION:

MARITAL STATUS

___ Single (Never Married) ___ Married ___ Separated ___ Divorced ___ Widowed

EMPLOYMENT STATUS

Are you currently employed? ___ YES ___ NO **If you answered yes, please complete the following:**

Type of Employment:

- ___ Federal Work Study
- ___ College Student Employment
- ___ Private Sector
- ___ Self-Employed

Hours Worked:

- ___ Part-Time (____ hrs/wk)
- ___ Full-Time (____ hrs/wk)

NAMES OF YOUR DEPENDANT CHILDREN:

Name (Last, First)	Date of Birth	Age
_____	____/____/____	____ yrs.
_____	____/____/____	____ yrs.
_____	____/____/____	____ yrs.
_____	____/____/____	____ yrs.
_____	____/____/____	____ yrs.

CARE: Were you previously in the CARE program? ___ If yes, when? Fall 20____ **or** Spr. 20____

CalWORKs: Have you signed a Welfare to Work plan with Fresno Co. Employment & Temporary Services (ET&S)? ___ YES ___ NO

How many years have you received TANF assistance? _____

STUDENT SIGNATURE: _____ **DATE:** _____

*****FOR OFFICE USE ONLY*****

CARE GRANT ELIGIBILITY CRITERIA:

___ YES ___ NO Participant is eligible for BOGFW/aid at Fresno City College (AIDE) Cum. GPA _____ (ATRT)

Current Units: ___ F'15 ___ S'16 (STRS) Verify if courses are at FCC

NEW & FORMER STUDENT ACADEMIC STATUS: Att. Cum. Units _____ Cum. Units _____ (ATRT)

EOPS STATUS: ___ NEW ___ CONTINUING ___ (STMC) Assessment _____ (TSUM)

COMMENTS: _____

CARE ELIGIBILITY STATUS DETERMINATION

F'15 ___ YES ___ NO DATE ____/____/____ BY _____ DATE ____/____/____ BY _____
 S'16 ___ YES ___ NO DATE ____/____/____ BY _____ DATE ____/____/____ BY _____ 3/15 JC

CARE REQUIREMENTS

CRITERIA:

- YES NO Are you and/or a dependent (who is under the age of 14) currently receiving TANF (formerly AFDC) or have an active CalWORKs case number?
- YES NO Are you currently eligible for EOPS services at Fresno City College?
- Must be enrolled in at least 12 units. (9 @ FCC)
 - Must be qualified for a registration fee waiver (BOG A or B) for 2015-16.
 - Must have a cumulative G.P.A. of 2.0 or better.
 - Must meet the EOPS Educational Need Criteria (initial eligibility below English 1A or math 102)
- YES NO Are you 18 years or older?
- YES NO Are you a single head of household?
- YES NO Do you have a child/children age 13 or younger and receiving cash aid?

If you answered YES to all of the above questions, complete the front of this application and attach the completed Income Verification form. If **one** of your answers was **NO**, you are probably **NOT** eligible for the CARE Program in 2015-2016. Please see Jeanine Castle, CARE Counselor if you have questions or concerns.

- To be eligible for a CARE grant you must apply for financial aid and have an unmet need.
- Enrollment in the CARE program is on a first come – first served basis after a review of a completed application package.
- All applicants must meet the EOP&S minimal requirements.

Note: ALL CARE students are EOP&S students but not every EOPS student is in CARE. CARE and EOP&S are two (2) separate programs connected by Title 5 requirements.

For more information, call 442-8231 and ask to speak with Jeanine Castle or if on campus schedule an appointment.

***Check YOUR EMAIL for the status of your application in late May or early June!**

***YOU must be enrolled in 9 units, at Fresno City College, when I receive your application!!**