CARE
COOPERATIVE AGENCIES RESOURCES for EDUCATION

APPLICATION

Columbia College CARE PROGRAM
11600 Columbia College Drive, Sonora CA 95370
Ph: (209) 588 - 5130 u Fax: (209) 588-5058

COLUMBIA COLLEGE

Semester: ☐ Fall 20_____
☐ Spring 20____

Current EOPS Student:
YES ☐ NO ☐

Previously in CARE:
YES ☐ NO ☐

If yes, last term CARE was received:
_____

GENERAL INFORMATION

Name: _____ Student ID: _____ Age: _____

Mailing address: _____ City: _____

Zip: _____ Phone Number: _____

Marital Status:
Single (never married): ☐
Married ☐
Divorced ☐
Widowed ☐
Separated ☐

NAMES / AGES OF DEPENDENT CHILDREN

Child #1: _____ Age: _____ Child #3: _____ Age: _____

Child #2: _____ Age: _____ Child #4: _____ Age: _____

CASH AID / CALWORKS

1. Are you receiving county cash aid for yourself?
   YES ☐ NO ☐

2. Are your dependents receiving county cash aid?
   YES ☐ NO ☐

3. Does the county identify you as a single parent head of household?
   YES ☐ NO ☐

4. County of Services: Tuolumne ☐   Calaveras ☐
   County Case Number: _____
   Number of years: _____

5. Are you in CalWORKS? YES ☐ NO ☐

CHILD CARE ASSISTANCE

1. Are you receiving child care assistance from any other source? YES ☐ NO ☐
   If yes, who? _____ *Phone Number:* _____

2. Do you need additional child care assistance from the CARE program? YES ☐ NO ☐
   If yes, who will provide this care? _____ *Phone:* _____
   (CARE recommends a licensed child care provider)
   Number of hours per week: _____

I certify that the information on this form is correct.

Student signature _____ Date _____