

**The San Diego Continuing Education CalWORKs welcomes you to our program! We are delighted you've chosen to pursue your education and look forward to serving you!**

**IMPORTANT INSTRUCTIONS FOR FILLING OUT THE FORM:**

- 1. Make sure you have DOWNLOADED the form and open it in ADOBE ACROBAT (NOT Internet Explorer or any other program).**

**If you need to download Adobe Acrobat onto your computer, please follow this link: <https://get.adobe.com/reader/>**

- 2. Fill out the form with your information.**

**WHEN IT'S TIME TO ELECTRONICALLY SUBMIT:**

- 1. Click "SUBMIT FORM"**
- 2. Select how you would like to send the email and click "CONTINUE"**
- 3. An email box should pop up with the form already attached. Make sure you click the send button!**
- 4. Our office will process your form.**

**If you have any questions, please call 619-800-4472 | 619-800-5371 or email [SDCECalWORKs@sdccd.edu](mailto:SDCECalWORKs@sdccd.edu)**



## CalWORKs Student Agreement

I, \_\_\_\_\_, understand and agree to the following guidelines in order to remain eligible for CalWORKs Program services at San Diego Continuing Education.

As a CalWORKs student, I understand that I must comply with all of the following requirements:

- Complete a CalWORKs Program Orientation (individual or group).
- Turn in a copy of my Welfare-to-Work (WTW) Plan each semester.
- Meet with a CalWORKs Counselor and/or Intake Coordinators each semester to:
  - Develop an Individual Training Plan (ITP)
  - Develop or update my Educational Plan to achieve my Educational Goal.
- Consult with my CalWORKs counselor to determine the classes I need to take each semester and to develop an Educational Plan.
- Make an appointment to update my ITP.
  - When I change my major
  - When I change my Education Plan
  - When I add or drop classes
- I must call and cancel my Counselor and/or Intake Coordinator appointment 24 hours in advance if I'm unable to attend.
- I will notify a CalWORKs Counselor and/or Intake Coordinator immediately if I experience any difficulties (transportation, childcare, course work, etc.) that interferes my educational and/or work activities.
- Notify the CalWORKs office if any changes with PCG/ResCare and if I am sanctioned by the County.
- Notify if any changes to personal information (phone number, address or email)
- I will submit the NOA 116 (Monthly Attendance Verification form) each month before the 5<sup>th</sup> of the month.

My signature below indicates that I understand and agree to comply with all of the terms of this Student Agreement. Failure to comply with any/all of the above requirements will affect my eligibility for continued services through the CalWORKs Program.

**By checking this box and typing my name below, I am electronically signing this document. I understand that an electronic signature has the same effect as a written signature**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

CalWORKs Staff Signature \_\_\_\_\_ Date \_\_\_\_\_