



San Diego College of 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 CALWORKS APPLICATION:

1. Make sure you have **DOWNLOADED** the application 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 application with your personal information.

WHEN IT'S TIME TO ELECTRONICALLY SUBMIT:

1. Click "SUBMIT APPLICATION"
2. Select how you would like to send the email and click "Continue."
3. An email box should pop up with the application already attached. Make sure you click the send button!
4. Our office will process your application and call you within a week to set up an orientation.

If you have any questions, please call 619-800-4472 | 619-800-5371 or email SDCECalWORKs@sdccd.edu



San Diego College of Continuing Education CalWORKs Intake Application

Student Information:

Name (Last) _____ (First) _____ Student ID _____

Address _____ Date _____

Email _____ Contact Phone _____ Case # _____

Gender: Female () Male () Marital Status: Single () Married () Separated () Divorced () Widowed ()

Who is receiving Cash Aid? You () Children () How many children on Cash Aid? _____

Child's Gender (Please choose one)	M / F	M / F	M / F	M / F	M / F	M / F	M / F	M / F
Child's Age (Please enter child's age)								

What is your educational goal? _____

Are you a previous CalWORKs Program Participant? If yes, where? _____ Yes () No ()

I have attended other colleges/universities. If yes, where? _____ Yes () No ()

I graduated from high school or earn a GED. _____ Yes () No ()

Have you taken the ESL assessment test? _____ Yes () No ()

Have you attended the SD College of Continuing Education Orientation? _____ Yes () No ()

Have you completed an Educational Plan with a counselor? _____ Yes () No ()

Are you already enrolled in SD College of Continuing Education classes? _____ Yes () No ()

If yes, what class/program? _____

English is my first language. If not, my first language is _____

Are you currently receiving services with? DSPS () Or Other programs _____

Welfare-To-Work Information:

CalWORKs Case #: _____ ResCare () PCG () Office Location: _____

Employment Case Manager/ETA Name: _____ Email: _____

Do you have a Welfare-To-Work (WTW) Plan with the County? Yes () No ()

Are you Exempt from WTW activities? Yes () No ()

Which of the following applies to you? Please mark one. Ask the Front desk staff if you are not sure.

() Self-Initiated Participant (SIP) () Self-Referral () County Referral () Exempt Participant

Employment Information:

Are you employed? Yes () No ()

If not, would you like a CalWORKs work-study application? Yes () No ()

Employer Name: _____

Employee Address: _____

Job Title: _____

Hourly Wage: \$ _____

Phone: _____

Hours per Week: _____

() 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 _____



STUDENT AGREEMENT FORM

I understand and agree to the following guidelines and requirements to remain eligible for CalWORKs Program services at San Diego Continuing Education:

- Complete a CalWORKs Program Orientation.
- Turn in a copy of my Welfare-to-Work (WTW) Plan each semester.
- Meet with a CalWORKs Counselor each semester to create an Individual Training Plan (ITP) or update my Educational Plan.
- Make an appointment to update my ITP when I add or drop classes.
- I will notify a CalWORKs Counselor immediately if I experience any difficulties (transportation, childcare, course work, etc.) that interferes my school.
- Notify the CalWORKs office if any changes with my case worker at PCG/EQUUS or 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) before the 5th of the month to my county case worker.

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

- ☐ **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.**

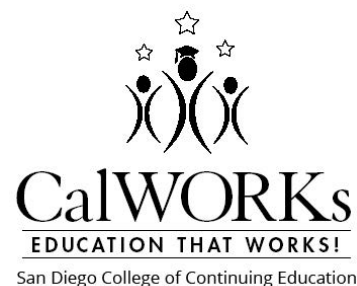
Signature_____

Date_____



CalWORKs Program

San Diego College of
Continuing Education



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Name (Please Print)

Date of Birth

CalWORKs Case number

Social Security Number

I hereby authorize San Diego College of Continuing Education to release information to the following agencies on a need to know basis:

Employment Case Manager (ECM or ETA AGENCY)
Health and Human Services Agency (Social Worker, Eligibility worker)

I also authorize the Health and Human Services agency and its contracted agencies to complete the following forms and release copies to the San Diego College of Continuing Education CalWORKs program.

HHSA 27-114 Referral Form/Copy of Welfare to Work Plan

Agency Certification/Untaxed income form/Current Notice of Action or CalWin

Other _____

Student Signature

Date