



San Diego College of Continuing Education CalWORKs Intake Application

Habari ya Mwanafunzi:

Name (**Jina la familia**) _____ (**Jina la pili**) _____ Student ID(# ya kitambulisho cha mwanwfunzi) _____

Address (**Anuani**) _____ Date (**Talehe**) _____

Email (**Barua pepe**) _____ Contact Phone (**Simu ya mawasiliano**) _____

Case #(Nambari ya kesi) _____ Gender (**Jinsia**): Female (**Kike**) Male (**Kiume**) Transgender (**Transgender**)

Marital Status (**Hali ya ndoa**): Single (**Moja**) Married (**Ndoa**) Separated (**Kujitenga**) Divorced (**Talaka**)

Who is receiving Cash Aid? (**Ambaye anapokea misaada ya pesa?**) You (**Wewe?**) Children (**Watoto**) How many children on Cash Aid? (**Watoto wangapi kwenye misaada ya pesa?**) _____

Child's Gender (Jinsia ya mtoto)	M (Kiume) / F (Kike)						
Child's Age (Umri wa mtoto)							

What is your educational goal? (**Lengo lako la elimu ni nini?**) _____

Are you a previous CalWORKs Participant? (**Wewe ni mushliki wa zamani wa hesabu?**) Yes (**Ndiyo**) No (**Apana**)

If Yes, where? (**Ikiwa ndiyo, wapi?**) _____

I have attended other colleges? (**Nimehudhuliwa chuo kingine**) Yes (**Ndiyo**) No (**Apana**) Where (**Wapi?**) _____

I graduated high school/ Earned my GED(**Nilihhitimu katika shule ya upili/Nimepata GED**) Yes (**Ndiyo**) No (**Apana**)

Have you taken the ESL assessment test? (**Umechukuwa mtihani wa ukaguzi wa ESL?**) Yes (**Ndiyo**) No (**Apana**)

Have you attended the SDCCE Orientation? (**Umehudhuliwa mwelekezo wa SDCCE?**) Yes (**Ndiyo**) No (**Apana**)

Have you completed an Educational Plan with a Counselor? (**Je! Umekamilisha mpango wa kielimu na mshauri?**) Yes (**Ndiyo**) No (**Apana**)

Are you enrolled in SDCCE classes?(**Umejiandikisha katika madalasa ya SDCCE?**) Yes (**Ndiyo**) No (**Apana**)

What class/program (**Dalasa gani/ mpango?**) _____

English is my first language (**Kiingeleza ndio lugha yangu ya kwanza**). Yes (**Ndiyo**) If not (**Ikiwa sivyo**), my first language is (**Luga yangu la kwanza ni**) _____

Are you receiving DSPS services? (**Unapata huduma za DSPS?**) Yes (**Ndiyo**) No (**Apana**) Or Other Program Services (**Au huduma zingine za programu?**) _____

Welfare-To-Work Information: (Usitawi wa habari ya kazi)

PCG Office Location (**Eneo la office ya PCG**): _____

Employment Case Manager/ETA Name (**Meneja wa kesi ya ajila/Jina la ETA**): _____

Email (**Balua pepe**): _____

I have a Welfare-To-Work Plan with the County? (Nina ustawi ya kufanya kazi na kata?) Yes (Ndiyo) No (Apana)

Are you Exempt from WTW activities? (Una mwelekeo kutoka kwa shughuli za WTW) Yes (Ndiyo) No (Apana)

*Which of the following applies to you? (Ambao ni yafuatao kwako?) Please mark one (Tafadhali weka alama moja).
Ask the Front desk staff if you are not sure (Muulize wafanyikazi wa mbele kama hauna uhakika).*

Self-Initiated Participant (SIP) (Binafsi alianzisha mshiliki)

Self-Referral (Kujielekeza)

County Referral (Rufaa ya kaunti)

Volunteer Exempt Participant (Kujitolea msamaha mshiliki)

Employment Information: (Habari ya Ajila):

Are you employed? (Umeajiriwa?) Yes (Ndiyo) No (Apana)

If not, would you like a CalWORKs work-study application? (Ikiwa siyo ungependa maombi ya somo la kazi ya CalWORKs?) Yes (Ndiyo) No (Apana)

Employer Name (Jina la mwajili): _____

Employee Address (Anuani ya mfanyakazi): _____ Job Title (Jina la kazi): _____

Hourly Wage (Mshahala wa saa): \$ _____

Phone (Simu): _____

Hours per Week (Masaa kwa wiki): _____



MKATABA WA MWANAFUNZI WA CALWORKS

Ninaelewa na ninakubali miongozo na mahitaji yafuatayo ili kubaki kustahiki huduma za Programu ya CalWORKs katika San Diego College of Continuing Education/SDCCE.

- Kamilisha Mwelekeo wa Programu ya CalWORKs.
- Tuma nakala ya Mpango wangu wa Welfare-To-Work (WTW) kila muhula.
- Kukutana na Mshauri wa CalWORKs kila muhula ili kuunda Mpango wa Mafunzo ya Mtu binafsi (ITP) au kusasisha Mpango wangu wa Elimu.
- Fanya miadi ya kusasisha ITP yangu wakati ninapoozeza au kuacha masomo.
- Nitamjulisha Mshauri wa CalWORKs mara moja ikiwa nitapata shida yoyote (usafirishaji, utunzaji wa watoto, kazi ya kozi, n.k.) ambayo huingilia shule yangu.
- Nijulishe ofisi ya CalWORK ikiwa kuna mabadiliko yoyote na mfanyikazi wangu wa kesi katika PCG / EQUUS au ikiwa nimeidhinishwa na kaunti.
- Arifu ikiwa kuna mabadiliko yoyote kwa habari ya kibinafsi (nambari ya simu, anwani, au barua pepe).
- Nitawasilisha NOA 116 (fomu ya Uthibitishaji wa Mahudhurio ya Kila Mwezi) kabla ya tarehe 5 ya mwezi kwa mfanyikazi wangu wa kesi ya kaunti.

Saini yangu hapa chini inaonyesha kwamba ninaelewa na ninakubali kufuata masharti yote ya Mkataba huu wa Wanafunzi. Kushindwa kufuata mahitaji yaliyo hapo juu kutaathiri kustahiki kwangu kwa huduma zinazoendelea kupitia Programu ya CalWORKs huko SDCCE.

- Kwa kukagua kisanduku hiki na kuandika jina langu hapa chini, ninasaini hati hii kwa njia ya elektroniki. Ninaelewa kuwa saini ya elektroniki ina athari sawa na saini iliyoandikwa.**

Saini ya Wanafunzi _____ Tarehe _____



Programu ya CalWORKs
San Diego College of
Continuing Education

UTAFITI WA KUFUNGUA HABARI ZA MTU

Jina (Tafadhali Magazeti)

Tarehe ya kuzaliwa

Idadi ya kesi ya CalWORKs

Kwa hivyo ninaidhinisha elimu ya Kuendelea ya San Diego kutoa habari kwa vyombo vifuatavyo juu ya hitaji la kujua msingi:

Msimamizi wa Kesi ya Ajira (ECM au ETA AGENCY) Chuo cha Jiji la San Diego

Wakala wa Huduma za Afya na Binadamu (Mfanyikazi wa Jamii, mfanyakazi wa Ustawi)

Pia ninadhihirisha wakala wa Huduma za Afya na Binadamu na mashirika yake ya kandarasi kujaza fomu zifuatazo na kutolewa nakala kwa mpango wa San Diego College of Continuing Education CalWORKs.

HHS 27-114 Fomu ya Uelekezaji / Nakala ya Ustawi wa Mpango wa Kazi

Udhibitishaji wa wakala / fomu ya mapato isiyo na kipimo / Ilani ya sasa ya Kitendo au CalWin

Nyingine

Saini ya Wanafunzi

Tarehe