



MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT

1499 NORTH STATE STREET SAN JACINTO CA 92583

(951) 487-3295

CARE (COOPERATIVE AGENCIES RESOURCE FOR EDUCATION)

AGENCY CERTIFICATION

TO BE COMPLETED BY STUDENT

State regulations require verification of your TANF/CalWORKs status. The information provided on this form will be used for determining your eligibility for the CARE program, and will remain confidential. Complete the appropriate information before submitting this form to the Department of Public Social Services.

I authorize DPSS to provide the information requested below to the CARE program at Mt. San Jacinto Community College District.

TANF/CalWORKs Case#: _____ MSJC ID# _____

Applicant Name (PRINT) _____ Date _____

I authorize the CalWORKs (GAIN)/DPSS representative to release information requested on this form to Mt. San Jacinto College EOPS/CARE program.

Applicant Signature _____

TO BE COMPLETED BY DPSS REPRESENTATIVE

The student indicated above has applied to Mt. San Jacinto College CARE program. The CARE program assist qualifying TANF/CalWORKs students with childcare and transportation assistance, book grants and other services as needed. In order to determine your client's eligibility for CARE, certification of the following information is critical.

- 1. Marital status of client: Single Married Separated Divorced Widowed
- 2. Is this student considered head of a one parent household? YES NO
- 3. Does this student currently receive TANF/CalWORKs cash aid for? Self Children Self/Children

Date began receiving cash aid: _____

- 4. How many dependent children under the age of eighteen years old are in the home? _____
- 5. Does the Department of Social Services currently reimburse childcare expenses while the client attends school? Yes NO
- 6. Current CalWORKs (GAIN) Status and/or activity: _____
- 7. If the student is eligible what support services does GAIN currently provide while the student attends school?
Transportation _____ Books _____ Childcare _____ None _____

Agency Representative (Type or Print)

Title/Official Position

Signature

Date

Telephone Number

DPSS Stamp Required