Print Reset

Los Angeles Community College District
CalWORKs Program

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STUDENT INTAKE FORM

Please print clearly

Student ID #: __ __ – __ __ __ – __ __ __ __

Name: _____ _____ _____
Last *MI* *First*

Address: _____ _____ _____ _____ _____
Street *Apt #* *City* *State* *Zip*

Telephone #: (__ __ __) __ __ __ – __ __ __ __

Alternate #: (__ __ __) __ __ __ – __ __ __ __

Primary Campus: _____ Additional Campus: _____

LACCD use email as the primary form of communication. Check your email daily/weekly for important information from our program and the college.

_____@student.laccd.edu
LACCD Student Email Address

Personal Email Address:

Person to contact in case of an emergency:

_____ _____ (_____) _____ (_____) _____
Name *Relationship* *Phone #* *Alternate Phone#*

My preferred written language: _____ My preferred spoken language: _____

CalWORKs CASE INFORMATION

☐ GN6005A ☐ GN6006 ☐ GN6390 Case #: _____

How many dependent children (under age 18) are included in your CalWORKs case: # _____

What are the ages? _____, _____, _____, _____, _____, _____, _____, _____

When did you start receiving TANF (Cash-aid) benefits? _____ (month/year)
(Indicate actual or approximate date)

Is your spouse included in your CalWORKs case? ☐ Yes ☐ No ☐ N/A

LACCD MISSION:

The mission of the Los Angeles Community College district is to provide our students with an excellent education that prepares them to transfer to four-year institution, successfully complete workforce development programs designed to meet local and statewide need, and pursue opportunities for lifelong learning and civic engagement.

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Complete the following information for each child or legal dependent if they are attending COLLEGE campus CD center or if childcare is being paid through COLLEGE: (use the back of this form to list additional children/dependents)

Child's Gender: _____ DOB: _____ Child's Gender: _____ DOB: _____

Child's Gender: _____ DOB: _____ Child's Gender: _____ DOB: _____

What is your major? _____

What is your educational goal? ☐ AA/AS ☐ Certificate ☐ Transfer

Do you have a high school diploma or passed GED/High School Equivalency test? ☐ Yes ☐ No

Have you attended any other college or university besides this COLLEGE? ☐ Yes ☐ No

Do you have an Associate of Arts/Science degree, Bachelor of Arts/Science Degree, or any other degrees or Certificates from another college, university or foreign county? ☐ Yes ☐ No

(If yes, name of colleges attended and city): _____

_____

EMPLOYMENT INFORMATION

Are you currently working? ☐ Yes ☐ No

If yes, indicate the following:

Employer: _____

Job title: _____

Start date: _____ Average Hours per week: _____ Highest Hourly Wage: _____

Is this "Subsidized Employment? ☐ Yes ☐ No Is this position: ___ On-Campus ___Off-Campus

Are you currently volunteering? ☐ Yes ☐ No

If yes, indicate the following:

Organization/Site: _____

Position title: _____Hours per week: _____ Start date: _____

_____ _____

Student Signature Date

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CONFIDENTIALITY WAIVER FORM

In compliance with the Family Educational Rights and Privacy Act (FERPA), LACCD is prohibited from providing certain information from your student records to a third party. You may, at your discretion, grant LACCD to release information to a third party by completing this Confidentiality Waver Form. In order to provide you with CalWORKs-related services, the Los Angeles County Division of Public Social Services (DPSS) requires that we send evidence of your eligibility, enrollment, academic performance and employment (as applicable) to DPSS on a periodic basis. Therefore, this Confidentiality Waver Form is *required* to receive CalWORKs-related services from LACCD.

I, _____, authorize the LACCD CalWORKs Program, to communicate and release enrollment, employment information, eligibility, and academic performance to County DPSS and/or related agencies as reasonably required to provide services.

LACCD also requests authorization to occasionally use photos of you during program and/or campus events for training and promotional materials. Authorization of the use of your likeness is optional.

I, _____, authorize the use of my photographs/during program and campus events and allow PROGRAM department to use the likeness in advertisements that support education without charge or reservation.

_____ _____

Student Signature Date

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GENERAL INFORMATION

Welcome to the Los Angeles Community College District's (LACCD) CalWORKs Program. The CalWORKs program is dedicated in assisting you in achieving your academic and vocational goals. We will work closely with your GAIN Service Worker (GSW) to provide you with comprehensive supportive services.

These services may include: case management, career/job development, work-study, ancillary request/reimbursement forms, child care, academic and career counseling, resource referrals, workshops, completion of various forms, tutoring, and other services.

CalWORKs STUDENT RESPONSIBILITIES

Please be aware of the following guidelines in order to maintain satisfactory participation and ensure your success at LACCD:

- ✓ **Submit a *Verification of Benefits* indicating TANF cash aid eligibility for yourself and everyone on your case within four weeks of the current semester or class.**
- ✓ Maintain required hours of approved activities as stated in your Welfare to Work agreement.
- ✓ Meet with an academic counselor before the start of each semester.
- ✓ Seek advisement with an academic counselor if you are struggling in your classes.
- ✓ Maintain a 2.0 GPA or higher in all courses.
- ✓ Notify our office of any changes to your case or school schedule within seven days of the change.
- ✓ It is your responsibility to apply and process Financial Aid applications and Fee Waivers each year. Go to the Financial Aid office to process this immediately upon registering in classes.
- ✓ If you are a victim of domestic violence and there are security measures we should be aware of, please let a counselor or case manager know.
- ✓ Allow 4-6 business days for document processing.
- ✓ Comply with each campus' prescribed programmatic requirements and expectations.

Please feel free to ask questions and discuss any concerns you may have.

I have read and understand my responsibilities as a student of the LACCD.

_____ _____

Student Signature Date