

FALL 2020

NAME OF C.A.R.E. APPLICANT (PLEASE PRINT)

LAST

FIRST

MIDDLE

STUDENT ID # _____

MUST BE RETURNED TO eops@vvc.edu BY FRIDAY, OCTOBER 23, 2020, BY 12:00 PM

AGENCY CERTIFICATION – UNTAXED INCOME

Federal and state regulations relative to student C.A.R.E. mandate coordination verification of all family financial resources. The information provided below will be used only to determine financial aid eligibility and will be kept confidential by the campus pursuant to Section 76200-76246 of the California Education Code and the 1974 Family Education and Privacy Act.

TO BE COMPLETED BY THE STUDENT BEFORE SUBMITTING TO TANF OR OTHER AGENCY.

I authorize the appropriate office/agency to provide the information requested by the school listed above.

Case name under which benefits are paid (**PRINT**)

Case number

Applicants Signature _____ Date _____ Phone number _____

Check all that apply: TANF (Cash Aid) CalWORKs GAIN Other _____

TO BE COMPLETED BY THE AGENCY PROVIDING BENEFITS

Benefits received are listed below (For entire family, including applicant): 07/01/2020 – 12/31/2020 Current Monthly Amount

Type of benefit : _____ (must receive cash aid) \$ _____ \$ _____

Month and year that benefits **FIRST** began: _____

****AGENCY STAMP REQUIRED****

Any breaks in service? If so, when _____

Is change or termination of benefit(s) anticipated during the year? yes no

If yes, explain change or give date of termination: _____

***Is this person considered single (unmarried) by AFDC/ TANF / CalWORKs regulations?**

yes no If no, please explain i.e. married, etc.: _____

***Is this person considered head-of-household OR primary earner by AFDC/ TANF/ CalWORKs regulations?**

yes no If no, explain _____

***HOW MANY CHILDREN UNDER THE AGE OF 14 ARE LISTED ON THIS CASE AND RECEIVING BENEFITS?** _____

Is the above named person receiving cash aid from your agency on the date you are signing yes or no

Agency representative (print) _____ Date _____

Signature of Representative _____ Date _____

Supervisor name (print) _____ Date _____

Student Signature _____ Date _____

EOPS Representative (print) _____ Date _____