

College of the Siskiyous
Cooperative Agencies Resources for Education
(CARE)

Name: _____ COS ID: _____

DOB: _____ Phone: _____

College email: _____

Do you have a child under the age of 14 years old? Yes No

Number of Dependent Children: _____

Names and Dates of Birth of Dependent Children:

Are you the recipient of TANF/CalWORKs benefits or receive benefits on behalf of your children? Yes No

If yes, how long have you been receiving CalWORKs benefits: _____ / _____
Years Months

Marital Status:

Single (never married) Separated Married

Divorced Widowed

Are you considered head of household by human services? Yes No

ALL APPLICANTS: Read this statement and sign below

I hereby swear or affirm, under penalty of perjury, that all the information on this form is true and complete to the best of my knowledge.

I also realize that any false statement may be cause for denial, reduction, withdrawal and/or repayment of any monetary services (including books) I may receive from CARE.

Signature

Date

CARE Office Use Only

Agency Certification Received Date: _____

Approved

Not Eligible Reason: _____

Coordinator Signature

Date