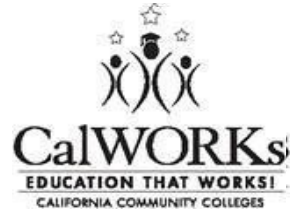




LCC CalWORKs Program Application & Orientation Form



Academic Year _____

-Student To Complete-

Name: _____ Student ID# _____ Last 4 of SS# _____ Date of Birth _____

Street Address: City: _____ State: Zip Code:

Email Address: _____ Primary Phone #: _____ OK to text?

Gender: _____ Pronouns: _____ Preferred Name: _____

Have you submitted your FAFSA for this school year? Yes No
Have you completed the California Promise Grant for this school year? Yes No

Household:
 1 Parent Family 2 Parent Family

List all members of your family receiving county aid, their relationship to you and age.

Name (first, last)	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

-CalWORKs Staff To Complete Only-

County Case # _____ County Location: _____

Remaining County Eligibility: _____

Does the student have an Ed plan: Yes No Counselor: _____

Student County Status:

- Self-Initiated (SIP)
- Self- Referred
- County Referred
- Exempt

Education Goal

- Certificate
 - AA/AS Degree
 - Transfer 4-Year
 - Other
- Major: _____

Student has been notified of mandatory completion each semester for the following:

- Ed Plan
 - Welfare to work Plan w/county worker
 - Progress Report
- Initial: _____

Student has been notified to submit hour verifications monthly to LCC CalWORKs?

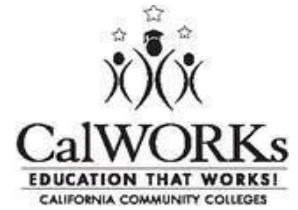
Initial: _____

Has the student attended any other college? Yes No



LCC CalWORKs Program Application & Orientation Form

Academic Year _____



-CalWORKs Staff To Complete Only-

Services & Employment Information

Student receives services from:	SU	Fall	Spring
EOPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.A.R.E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRiO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEXT UP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student referred to services for:	SU	Fall	Spring
EOPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.A.R.E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRiO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEXT UP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Resources of student interest or referral:
<input type="checkbox"/> Advocacy w/ County
<input type="checkbox"/> School Supplies
<input type="checkbox"/> Counseling
<input type="checkbox"/> Transportation
<input type="checkbox"/> Community Service Referrals
<input type="checkbox"/> Childcare Referrals

Is the student currently employed? No Yes

Job Title: _____

Employer: _____

Type of Work: _____

Start Date: _____

End Date: _____

Hours a week: _____

Please list Current Job Skills: _____

Employment Assistance/Resources:

- Job Search Assistance
- Job Skill Assistance
- Interview Skill Enrichment Services
- Resume Writing Skills
- Job Placement Services
- Job Transition Workshops/Services
- Volunteer/Internship Positions
- On/off Campus CalWORKs Work-Study

Certification & Authorization

I hereby grant my permission to the Lassen Community College CalWORKs Program to use mine, or my children's/family's likeness in a photograph, video, or other digital media in any and all of its publications. Including web-based publications, without payment or other consideration.

I agree I DO NOT Agree

With my signature below, I acknowledge that I have carefully reviewed the content of this application and certify that the information contained herein is true and complete to the best of my knowledge per penalty of perjury. I agree to provide proof of program eligibility, which may include a cause for denial, termination, and/or repayment of CalWORKs services or equivalent cost for services. I authorize the sharing of information between LCC CalWORKs, LCC District, Chancellor's Office of the California Community Colleges and any county, state and/or federal agencies, as applicable I understand that I can be removed from this program if I fail to comply with program guidelines, county requirements, fail to progress provided by this program are contingent upon available funds.

Summer Semester Signature: _____

Fall Semester Signature: _____

Spring Semester Signature: _____