



San Diego City College
1313 Park Blvd, Room A-354 ~ San Diego CA 92101-4787
(619) 388-3209 Office (619) 388-3163 Fax

2019-2020
CARE Program Application (New & Continuing)

CSID#: _____ Case#: _____

Name: _____
LAST FIRST M.I.

Address: _____
CITY STATE ZIP

Email Address: _____ Primary Phone#: _____

Marital Status: Married Single Divorced Separated Widowed

Please answer each question below:

- ___ Yes ___ No Have you applied to the San Diego City College EOPS Program?
- ___ Yes ___ No Do you (or your children) currently receive CalWORKs Cash Aid?
- ___ Yes ___ No Are you designated by the County HHS as Single Head of Household?
- ___ Yes ___ No Are you at least 18 years old?
- ___ Yes ___ No Did you participate in the CARE Program during: ___ Fall 2018 ___ Spring 2019

Please list all family members who currently live with you:

Include yourself, spouse or father of child/children (if applicable), dependent children and other dependents (if they will receive more than half of their support from you).

FULL NAME	AGE	BIRTHDATE	RELATIONSHIP

CERTIFICATION

I certify under penalty of perjury, that all information on this form is true and complete to the best of my knowledge. I also understand that false statements or failure to provide proof when requested may result in denial, modification and/or cancellation of program participation and repayment of any financial assistance received.

 Student Signature

 Date

OFFICE USE ONLY:

Eligible: Yes No Date: _____ Staff: _____