IMPORTANT INFORMATION!

PLEASE READ PRIOR TO COMPLETING YOUR EOPS/CARE APPLICATION FOR FALL 2015

- The EOPS/CARE program is an academic support program. In order to be successful in this program your active participation is required.
- Students who are accepted into the EOPS/CARE program are required to attend an EOPS/CARE student orientation. These orientations are scheduled at various times either before the semester begins or during the first week of the semester.
- The EOPS/CARE program admits students on a space available basis. It is important to apply as early as possible.
- Unfortunately, the EOPS/CARE office is unable to make photocopies. Please make copies of your documents prior to submitting your application.

SPACE IN THE EOPS/CARE PROGRAM FOR THE FALL 2015 SEMESTER IS LIMITED, all students are encouraged to apply as early as possible. Possession of an application does not guarantee admission to the program. Applications will be accepted on a first come first served basis and the program can close at any time.

Extended Opportunity Program & Services/Cooperative Agency Resources for Education Application

HOW DO I APPLY FOR EOPS/CARE?
To apply for the EOPS/CARE Program(s) you must return the completed EOPS/CARE application package to the EOPS office located in the Student Support Center, L-106.

EOPS ELIGIBILITY CRITERIA:
In order to be considered for the EOPS Program you must:
- Be a California resident
- Be enrolled in 12 units or more for the Fall 2015 semester
- Have not completed more than 30 degree applicable units at the end of the Spring 2015 semester
- Qualify for a Board of Governor’s Fee Waiver (BOGW A or B)

You must also meet one of the following criteria below:
- Assessed in Basic English, Basic Math, or Basic ESL class
- Did not graduate from high school
- Did not receive a G.E.D.
- Did not pass a High School Proficiency Exam
- Your high school GPA was 2.49 or below (copy of high school transcript necessary)
- Previously enrolled in remedial courses

CARE Eligibility Criteria:
In order to be considered for the CARE Program you must be EOPS eligible and meet the following requirements:
- Single Head of Household
- Currently receiving CalWorks or TANF cash aid
- Have at least one child 13 years old or younger

If you can answer YES to all of the questions, please complete the CARE Application on the back.

HOW TO APPLY:

DOCUMENTS NEEDED TO SUBMIT YOUR APPLICATION:
Your EOPS application is complete and ready to submit if you have the following:
- Copy of CRC transcripts (Even if it is your 1st semester)
- Copy of other college transcripts (if applicable)
- Copy of Fall 2015 semester enrollment (Showing you are enrolled in a minimum of 9 units at CRC and 3 units at another Los Rios College, 12 units TOTAL required.)
- Copy of Math & English/ESL assessment scores
- Copy of updated two semester Fall 2015 and Spring 2016 Student Educational Plan (ISEP/SIP) prepared by a CRC Counselor
- Copy of Board of Governors Waiver (BOGW) "A" or "B" Receipt for 2015-16
- Completed, signed, and dated application

Your CARE application is complete and ready to submit if you have the following:
- Most current CalWORKs verification
- Complete, sign and date EOPS and CARE application

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
EOPS APPLICATION – FALL 2015

Extended Opportunity Programs & Services

PLEASE PRINT CLEARLY (INK ONLY)                          Today’s Date: ______________________

1. Student ID #___________________________        2. Email Address _____________________________________________
3. Last Name: ________________________________ 4. First Name: ________________________________ M.I.
5. Street Address: _____________________________________________ City: _____________________ Zip___________
6. Phone: Home (_______)___________________ Contact (_______)______________________________
7. Date of birth: _________________________________      Age: ____________    8. Gender: ☐ Male ☐ Female
9. Ethnicity (optional)
   ☐ American Indian or Alaskan Native  ☐ Black, African-American  ☐ Pacific Islander  ☐ Caucasian, White
   ☐ Asian-American, Chinese, Japanese, Korean, Laotian, Vietnamese  ☐ Hispanic, Latino, Mexican-American  ☐ Filipino
   ☐ Russian or other Eastern European  ☐ Other________________________

10. Primary Language__________________________

11. Have you ever been an EOPS student?     ☐ Yes ☐ No  If yes, where?____________________________________
12. Have you taken courses at CRC?          ☐ Yes ☐ No
13. Have you attended other colleges?      ☐ Yes ☐ No  If yes, please list ______________________________________
   (You are required to submit other college transcript(s) to EOPS)

14. College major: (if undecided, please indicate General Education) ______________________________________

15. Educational Goal(s): (check all that apply)  ☐ Certificate  ☐ AA/AS Degree  ☐ Transfer

16. Did you graduate from high school?   ☐ Yes ☐ No   17. Are you a current or former Foster Youth?  ☐ Yes ☐ No
18. Did you take the GED or high school proficiency exam?  ☐ Yes ☐ No  If yes, did you pass the test?  ☐ Yes ☐ No
19. Was your high school G.P.A. 2.49 or below? ☐ Yes ☐ No  (If yes, attach a copy of your high school transcript(s).
20. Have either of your parents earned a Bachelors degree, BA or BS? ☐ Yes ☐ No

EOPS Student Certification
I hereby swear or affirm that all information on this form is true and complete to the best of my knowledge, and that any false
statements/information or failure to give proof when asked, will result in my immediate removal from the EOPS/CARE program.

Signature ___________________________ Date _________________________

For Office Use Only

APPLICATION CHECKLIST
☐ BOGW A/B
☐ ASSESSMENT
☐ SEP (CURRENT – 2 sem)
☐ ENROLLMENT (12+ units)
☐ CRC TRANSCRIPT
☐ OTHER TRANSCRIPTS
☐ SIGNATURE
☐ CARE/CalWorks Verification

Date received: ________________________
Staff initials: ________________________

☐ Refer to CARE
☐ Refer to PASS

Comments: ☐ Pending

UNITS COMPLETED:

□ LRCCD Units      □ Other College
□ Total Units      □ Total Degree App. Units

EDUCATIONAL QUALIFICATIONS:

   (A) Math Assessment_________________ English Assessment_________________
   (B) Non High School Graduate_________________ Non-GED_________________
   (C) 2.50 GPA_________________
   (D) Remedial Enrollment_________________
   (E) Other: ________________________

BOGW ☐ A ☐ B
SEP: ________________________

UNITS ENROLLED:
☐ Approved ☐ DSPS
☐ 10% ☐ Disapproved

EOPS/MIS INFORMATION:
Eligibility Factor: _______  End of Term Status: E
Units Planned: ____________ Acceptance Term: Fall 2015

Counselor or Designee ______________________

☑ Approved ☐ DSPS
☐ 10% ☐ Disapproved

EOPS Director ______________________
If you are a single parent, on CalWORKs/TANF (Cash Aid) and have at least one child **13 or younger**, YOU MAY BE ELIGIBLE for the CARE program. To be considered for the CARE program and services, please complete the following:

1. Student Name: _______________________________  Last  Student ID # _______________________________  First

2. Are you or your children currently on CalWORKs/TANF? (Must be receiving cash aid)  ☐ Yes  ☐ No

3. Are you single-head of household?  ☐ Yes  ☐ No

   **If you answered NO to question 2 or 3, STOP! You do not qualify at this time.**

4. How long have you been receiving cash aid(s)? ____________________  What county? ____________________

5. Marital Status:  ☐ Single  ☐ Married  ☐ Separated  ☐ Divorced

6. List the ages and birth dates of all your dependent children.

<table>
<thead>
<tr>
<th>Age</th>
<th>Name of Child</th>
<th>Child’s Date of Birth</th>
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<tbody>
<tr>
<td>1.</td>
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   **For example: 05/08/2000**

**CARE Student Certification**
I will notify the CARE program if there is a change in my financial or marital status. Your signature below will give us the consent if necessary to contact your caseworker or another county worker to verify the information you provided.

Student's Signature/Self-Certification: ____________________________  Date: ____________

**For Office Use Only**

<table>
<thead>
<tr>
<th>CARE</th>
<th>CARE/MIS INFORMATION:</th>
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<tbody>
<tr>
<td>☐ New</td>
<td>CARE Status: C ____</td>
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<tr>
<td>☐ Reapply</td>
<td>Marital Status: _____</td>
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<tr>
<td>☐ Approved</td>
<td>TANF Duration: _______</td>
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<tr>
<td>☐ Disapproved</td>
<td>CARE Term of Acceptance Term/Year: Fall 2015</td>
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<tr>
<td>☐ Pending</td>
<td>Number of Dependents:</td>
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<tr>
<td>☐ Wait List</td>
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CARE Advisor Signature  Date