The CalWORKs program at Cosumnes River College was implemented to help students continue to pursue their educational and job goals while meeting County guidelines and Welfare-to-Work requirements.

Please be prepared to submit the following **REQUIRED** documents below at the CalWORKs Orientation:

- Completed CalWORKs Application
- Copy of Aid Verification
- Copy of transcripts from colleges you have attended, other than Los Rios
- Copy of Assessment Results

**CalWORKs Staff:**
- Salena Mamuyac, CalWORKs Supervisor
- Shelly Charron, CalWORKs Program Assistant
- Hannah Blodgett, CalWORKs SPA
CalWORKs Student Intake Form  
This questionnaire is for Cosumnes River College files only and will remain confidential.

Date: ___________________________________  Student ID #: ____________________

CalWORKs Case #: ____________________________ (Located on your EBT card, starts with 341B…)

Last Name: ___________________  First Name: ________________________

Address: ___________________________

City ___________________________________  State ___________________  Zip Code _____________

Phone Number: Home (     ) _____________ Work or Cell (     ) __________________

Email address: _____________________________________________

Date of Birth: _______________  Age: __________  Sex:  Male □  Female □

One Parent Family □  Two Parent Family □
Are you a US Citizen?  Yes □  No □
Are you a California Resident?  Yes □  No □

Are you currently receiving CalWORKs for yourself and your child(ren)?
Yes □  No □

When did you begin receiving CalWORKs? ___________ County: ______________

How many months do you have remaining on CalWORKs? ______________

Number of Children: __________  Age of each child: ______________________

List all members of your family who are receiving services from the county:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name of Case Worker/Eligibility Worker: ______________________________________

Location of Office: ____________________ Phone Number: (     ) _____________

Have you been contacted by your Case Worker/Eligibility Worker to begin Welfare-
to-Work activities?  □ Yes (Date of contact ____________)  □ No

Are you currently employed?
□ No
□ Yes

Place of employment: ______________________________________

Start Date: _______________  Hours Per Week: ______________________

Hourly Wage: _______________  Position Title: ______________________
Assessment Tests:
Have you taken the assessment test for English? Yes ☐ (Placement ______) No ☐
Have you taken the assessment test for Math? Yes ☐ (Placement ______) No ☐

CRC Enrollment Status:
☐ Presently enrolled in ____________ units ☐ Not currently enrolled

College Education: (Check all that apply)
First-time student (never attended college before) ☐
Continuing student (from previous semester) ☐
Returning student (but missed one or more semesters) ☐
Transfer student from another college:________________________________________ Name of College
What is your college major? ______________________________________________

Educational Goals: (Check all that apply)
☐ AA/AS Degree ☐ Certificate ☐ Transfer with AA/AS Degree
☐ Basic Skills ☐ Transfer without AA/AS Degree ☐ Job Skills
☐ General Education ☐ BA/BS Degree ☐ Vocational ☐ Masters Degree

Have you applied for or are you receiving services from:
Receiving EOP&S/CARE Yes ☐ No ☐ or Date Applied: ______________________
Are you currently receiving Financial Aid? Yes ☐ No ☐
Are you in default with your student loan? Yes ☐ No ☐

In what areas do you need assistance?
☐ Work Experience ☐ Career Planning ☐ Job Placement
☐ Tutoring ☐ Financial Aid ☐ Childcare
☐ Transportation ☐ Referrals ☐ Book Vouchers
☐ Disabled Student Program Services

Student Signature: ___________________________ Date: _____________

9/30/2014