

# LAKE TAHOE COMMUNITY COLLEGE 2015 - 2016 CARE APPLICATION

## I. Personal & Background Information

Name \_\_\_\_\_ ID Number \_\_\_\_\_  
Last First M.I.

Male\_\_\_ Female\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_ Emergency ( ) \_\_\_\_\_

Ethnicity: Please check one ethnicity with which you identify:

Asian-American \_\_\_ Native American \_\_\_ Other \_\_\_  
African-American \_\_\_ Pacific Islander \_\_\_ Unknown \_\_\_  
Latino \_\_\_ White \_\_\_ Decline to State \_\_\_

Marital status (please check):

\_\_\_ Single (never married) \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

Names of dependent children:

	Birthdate	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## II. Basic criteria for eligibility

- A) Are you presently receiving CalWORKs/TANF? yes\_\_\_ no\_\_\_  
B) Are you at least 18 years old? yes\_\_\_ no\_\_\_  
C) Are you a single head of household? yes\_\_\_ no\_\_\_

**If you answered “yes” to all questions in Part II, please submit, along with this application, verification from your caseworker that you are a recipient of CalWORKs/TANF.**

**III. Additional Information**

A.) Do you have a welfare-to-work plan with El Dorado County Social Services Department?

yes\_\_\_\_\_ no\_\_\_\_\_

B.) Who is your caseworker at DSS? \_\_\_\_\_

C) How long have you been a recipient of CalWORKs/TANF?

\_\_\_\_\_ less than 1 year \_\_\_\_\_ 1-2 years \_\_\_\_\_ more than 2 years

**IV. Employment:** Are you currently employed? Yes\_\_\_\_\_ No\_\_\_\_\_

If you are employed, please check below those items that apply to you:

Type of Employment:

\_\_\_\_\_ part-time \_\_\_\_\_ full-time \_\_\_\_\_ at a local business \_\_\_\_\_ self-employed

Number of hours you work per week: \_\_\_\_\_

**V. Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

-----OFFICE USE ONLY-----

**CARE ELIGIBILITY**

ELIGIBLE\_\_\_\_\_ NOT ELIGIBLE\_\_\_\_\_ WAITING LIST\_\_\_\_\_ WAIVER REQUESTED \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_