

CalWORKs Program New Student INTAKE FORM (All information is confidential)



Term: Fall Winter Spring Summer

Ĭ, Ĭ, Ĭ,		
Todays Date:		
Preferred Language Spoken:	Written:	
Personal Information:		
First Name: Last Name:	LBCC SID #:	
Date of Birth:	Gender: F M Prefer not to say	
Marital Status: Single Parent Two Parent	Number of Children: Children Gender/Age:	
Address:		
City: Zip:		
Phone #: E-mail:		
CalWORKs Information:		
Referred By: ☐ GAIN ☐ DPSS ☐ OC ☐ Friend ☐ LBCC ☐ Other:		
Case #: County: □ LA □ O	Years receiving Cash Aid?	
Welfare to Work Hour Requirement: ☐ Exempt ☐ 20 hrs ☐ 30 hrs ☐ 35 hrs		
GAIN Worker Information:		
Worker Name: File #:	Phone #:	
Education & Employment Status: Graduate: ☐ None ☐ HS/GE	ED □ AA □ BA/BS or above	
Major: Have you ever attended another college	e:□ No □ Yes College:	
Educational Goal: ☐ ESL/Remedial ☐ Certificate ☐ AS/A	A 🛘 Transfer	
Currently Employed: ☐ No ☐ Yes If yes, hours per week: Job Title:		
Employer:		
Are you interested in utilizing any of the below services. Pleas	se check all that apply.	
☐ Workstudy		
☐ Child Care		
☐ Book and Material Reimbursement		
□ \$400 Laptop Request		
☐ Tutoring Referral		



CalWORKs Program Student Contract



Term: \square Fall \square Winter \square Spring \square Summer Year:

)()()(
Student ID#:		
In order to provide services to CalWORKs s	tudentt	to meet his/her approved
	ge CalWORKs Program agrees to provide, as is	
Academic, Career & Personal Counseling	Campus or Community Referrals	Student Ed. Plans
Book/Material Request	Childcare Assistance	• Workshops
Case Management/County Paperwork	• Educational Supplies	• Work-study
TO RECEIVE THE ABOVE S	ERVICES I AGREE TO THE FOLLOWING SPE	CIFICATIONS:
1. I must be receiving cash aid for myself a	nd dependent under 18.	Initial
2. I will submit Verification of Benefits EAC	H semester I am enrolled at LBCC.	Initial
3. I will immediately inform the CalWORKs	Program of any changes made	Initial
in my eligibility status or course schedul	e.	ai
4. I will comply with my weekly required h	ours assigned by my worker.	Initial
5. I will complete a New CalWORKs Orient	tation (new students only) or a Returning Intak	ke Initial
(should my case ever be terminated)		
6. I will meet with a CalWORKs Counselor	EACH term to:	Initial
• Cre	eate a weekly plan	
·	date my Student Educational Plan	
• Dis	cuss any challenges that may affect my	
Aca	ademic status	1. 11. 1
7. I update the CalWORKs office with my o	ontact information as needed.	Initial
8. I will maintain a 2.0 or above Grade Point Average in all courses		Initial
9. I will cancel or reschedule any appointment within 24 hours.		Initial
Student Contract may result in immediate are: displaying abusive/threatening behavi	conduct and any violation of this code or CalWo dismissal from the program. Violations exampl or, misuse of CalWORKs services, or engaging site for the complete LBCC Student Code of	les
Media Consent		
, , ,	or marketing and program purposes during prossion to use you and/or your child's photo for a	•
	ons. I understand should I fail to comply with the a further understand and agree for a copy of a phot CalWORKs file.	

Student Signature

Date





CONSENT FOR RELEASE OF INFORMATION		
Name:		
Date of Birth:		
Student ID#:		
Other Names Used:		
RELEASE: I, the undersigned consent to and request al agencies or institutions to release information regarding Federal Family Educational Rights & Privacy Act of 1974 policies to Long Beach City College for use in education information will be kept CONFIDENTIAL and maintaine CalWORKs Program at the college.	ng myself consistent with the 4, or other laws, regulations, or nal and vocational planning. All	
I give Long Beach City College staff permission to discloqualified individuals from other agencies regarding: Ca School Attendance, Academic Progress, Assessment Re Services, GAIN, Child Care Resources Centers and/or ot the benefit of the student. I, the undersigned, acknow the above.	IWORKs/GAIN Compliance Issues, esults, Child Care Issues, Social ther required to be contacted for	
I authorize the Department of Public Social Services to requested in this form to Long Beach City College Pers information requested relative to my case.		
A photocopy of this authorization will be accepted with original.	n the same authority as the	
This authorization shall remain in effect during my enro by the undersigned.	ollment or until revoked in writing	
Student's Signature	Date Signed	