



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

Todays Date: _____ **Term:** Winter Spring Summer Fall

Preferred Language: **Spoken:** _____ **Written:** _____

Personal Information:

Name: _____ **LBCC SID #:** _____

Date of Birth: _____ **Gender:** F M

Marital Status: Single Parent Two Parent **Number of Children:** _____

Address: _____ **City:** _____ **Zip:** _____

Home #: _____ **Cell #:** _____ **E-mail:** _____

CalWORKs Information:

Referred By: GAIN DPSS OC Friend LBCC Other: _____

Case #: _____ **County:** LA OC **Years recieving Cash Aid?** _____

Welfare to Work Hour Requirement: Exempt 20 hrs 30 hrs 35 hrs

GAIN Service Worker (GSW) Name: _____

File #: _____ **Phone #:** _____

Education & Employment Status: Graduate: HS/ GED AS/AA BA/BS International Degree

Are you currently enrolled in Long Beach City College? No Yes **Start Date:** _____

Major: _____ **Have you ever attended another college:** No Yes **Location:** _____

Educational Goal: ESL/Remedial Certificate AS/AA Transfer

Currently Employed: No Yes **If yes, hours per week:** _____ **Job Title:** _____

Employer: _____ **If no, are you interested in Work-Study:** No Yes

Are you currently utilizing any services provided by any of these departments? (Check all that apply)

- Care Foster Care Health Center Student Success Center
- EOPS Financial Aid Financial Aid Work-Study Veterans Affairs
- Disabled Student Program and Services(DSPS) Transfer Center