

CalWORKs NEW STUDENT INTAKE Form

_____I authorize the officials of Cerritos College to transmit information to any agency, company or person regarding my academic progress and any other pertinent educational data.

_____I agree to notify the Cerritos CalWORKs Office of any changes made during the semester after completing this Continuing Student Form.

______I understand that to be compliant with the CalWORKs program I must meet with a CalWORKs Counselor to update my Educational Plan, submit a Work-In Progress (WIP) Form and Cash-Aid eligibility (Notice of Action/Verification of Benefits) **EVERY Semester.**

Student Signature:		Date:	Semester	r:	Year:		
Personal Information: (S	5C06-10)		Employment: (sco	11-17)			
Name:			Are you currently employed? Yes No				
Student #: Phone Number:			If yes, Name of Company or Employer:				
Email:							
Current Home Address:			Title or Job Descri	ntion [.]			
City:	Zip Code:						
Primary Language:			Start Date:	Hours we	orked per-weel	<:	
Marital Status:	Single	Married	Highest hourly wa	ge \$			
	Separated	Widow (er)	Is this position Vo	lunteer?	Yes	No	
	Unmarried, but living tog	gether	Are you receiving college credit for this position?				
If marked "Unmarried, but living together" are you and your		and your		Yes	No		
partner on the same case? Yes No			Are you currently part of the CalWORKs Work-Study Program?				
How many children are on your county case ?				Yes	No		
Please include names and ages of children (under 18) :			Would you be interested in working on campus through our				
Name:	Age:		CalWORKs work-s	tudy program?			
Name:	Age:			Yes	No		
Name:	Age:		Have you complet	ed your FAFSA A	Application?		
Name:	Age:			Yes	No		
Name:	Age:		County Informatio				
Name:	Age:						
			Case Worker Nan				
Resources: (SC02-5)			Case #:				
Are you currently part of	any of these departments?	(Click on all that apply)	City:		County: _		
*CARE		Care (LINK)	Education: (SC01)				
*Student Accessibility Se *EOPS		n Center Iccess Center	Major:				
*Financial Aid		fer Center	Educational Goal:	AA Cert	Transfer		
*Work-Study	*Vetera	ans Affairs	Do you have a:				
If you answered NO to any of the departments above, would you							
like to receive more information from the listed departments? Yes No			Have you attended	another college,	/university?	Yes	No
·					CW NEW IN	TAKE (9/12/22)	BGAMEZ

Language Designation Form

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Case Number: _____

Date:

FREE INTERPRETER SERVICES ARE AVAILABLE

(please ask your worker)

A. SPOKEN LANGUAGE DESIGNATION:

I Speak the language checked below. I prefer to speak/talk about my case or related matters with staff from the Department of Public Social Services in the language selected below. This designation takes the place of any choices made before.

Armenian	Cambodian	Cantonese	English
Spanish	Korean	Mandarin	Russian
Tagalog	Vietnamese	Other (Specify)	

B. WRITTEN LANGUAGE DESIGNATION:

I prefer to get written letters, notices, forms, and other communication in English.

OR

I prefer that written communications and forms be sent or given to me, if available, in the language specified below (Chinese is the written language for those who speak Cantonese and Mandarin). In addition, I understand that id written communications from the Department of Public Social Services are not available in the language specified below, I can receive verbal translation by contacting my case worker.

	Armenian	Cambodian	Cantonese	English		
	Spanish	Korean	Mandarin	Russian		
	Tagalog	Vietnamese	Other (Specify)			
Applicant's/Participant's Signature (or mark) : Date: I hereby verify that the applicant's/participant's above choices are reflected on LEADER and/or GEARS and/or CMIPS and/or any other computer program used to manage eligibility issues.						
Case Carrying Workers Signature: File Number: Date:						
Supervisor's Initials:						
Filling Instructions:						