



Continuing Student 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 agree to attend a CalWORKs Student Success EAP Orientation, if I have not done so my first semester at CalWORKs.

_____ 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.

_____ I have submitted or attached proof of Eligibility for this Semester.

Student Signature: _____ Date: _____

Personal Information: (SC06-10)

Name: _____

Student #: _____ Phone Number: _____

Email: _____

Current Home Address: _____

City: _____ Zip Code: _____

Proof to Work in U.S.: Yes No

Primary Language: _____

Marital Status: Single Married
 Separated Widow (er)
 Unmarried, but living together

If marked "Unmarried, but living together" are you and your partner on the same case? Yes No

Has the number of children changed since your last intake?
 Yes No

If yes, new number of children under 18 years old: _____

Name: _____ Age: _____

Name: _____ Age: _____

Is your Childcare provider: On-Campus Off-Campus

Employment: (SC011-17)

Are you currently employed? Yes No

If yes, Name of Company or Employer:

Title or Job Description: _____

Start Date: _____ Hours worked per-week: _____

Highest hourly wage \$ _____

Is this position Volunteer? Yes No

Are you receiving college credit for this position?
 Yes No

Are you currently part of the CalWORKs Work-Study Program?
 Yes No

Would you be interested in working on campus through our CalWORKs work-study program?
 Yes No

GAIN Information: (SC01)

Social Worker Name: _____

4-Digit File Number: _____ Case #: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Fax: _____

OFFICE USE ONLY

Date Received: _____ Semester Code: _____

Entered by: _____

Eligibility SARS PeopleSoft

Resources: (SC02-5)

Are you currently part of any of these departments? (Check all that apply)

Financial Aid Financial Aid Work-Study

EOPS CARE

DSPS Health Center

Student Success Center Foster Care (LINC)

If you answered NO to any of the departments above, would you like to receive more information from that department?
 Yes No