



CARE

Cooperative Agencies Resources for Education Agency Certification Form

CARE regulations require us to verify financial resources of the family. The information provided below will be used only for CARE purposes and will be confidential per Sections 76200-76246 of the California Education Code and the 1947 Family Education Rights and Privacy Act.

Section A To be completed by the Student

"I authorize the appropriate office/agency to provide the information requested by Cerritos Community College."

Cerritos College Student I.D. # _____ Case # _____

Case name under which benefits are paid (please print):

Last _____ First Name _____ Middle Initial _____

Student Signature (Sign or Digital) _____ Date _____

Section B To be completed by the Agency

A. Is the above named student receiving CalWORKS/TANF assistance for (check all that apply)
 Self Dependent Children Spouse Other: _____

B. The date this student began receiving CalWORKS/TANF assistance is: _____

C. Is the student in a one-parent assistance unit (single-head-of-household)? YES NO

D. Is the student currently being sanctioned by the County? YES NO

E. Is the student receiving GAIN services? YES NO

F. Does the student have at least one child? YES NO

Name(s) of the children and date of birth on the case:

AGENCY STAMP
If form is completed digitally,
enter address

I affirm that the information above is correct:

Name _____

Signature _____

Job Title _____

Work Phone # _____

County of Service _____

Date _____

Please Return to: Cerritos College EOPS/CARE, 11110 Alondra Blvd. Norwalk, CA 90650 | www.cerritos.edu/eops
Telephone: (562) 860-2451, Ext. 2398 Office Email: eops-office@cerritos.edu