

College of Alameda Cal Works Program Intake Sheet
555 Ralph Appezato Memorial Pkwy, Alameda, CA. 94501
Phone Number (510) 748-2258

Name: _____ Date: _____
Last First M.I

Student ID _____ SSN _____ Birthday _____

Address _____
Street City Zip Code

E-Mail: _____ Primary Contact Number: _____

PERSONAL INFORMATION:

Gender: Male Female

Marital Status: Single Married Partnered Separated Divorced

Number of Dependent Children/household members: _____

Is English your first Language? _____ If not, what is your first Language _____

CHILCARE INFORMATION:

Is your child and/or children in an off campus childcare facility? Yes No

How many children do you have in childcare? _____

How many hours per week is your child and/or children in childcare?

COUNTY INFORMATION:

Are you currently receiving TANF (cash aid for yourself and children)? Yes No

Are you exempt (have a child under 2 years old)? Yes No

Cal Works Worker/ WTW Counselor Name _____

Cal Works Worker/ WTW Counselor Phone Number _____ Ext _____

Cal Works Worker/ WTW Counselor Email _____

Were you referred to us by your county worker? Yes No

Have you signed a welfare to work plan? Yes No

EDUCATIONAL BACKGROUND:

Are you a high school graduate? Yes No

If No, do you have a GED? _____

Have you attended a trade school and/or have any special training? _____

If yes, please name the school and/or training: _____

EDUCATIONAL GOAL (mark all that apply):

Obtain a certificate of completion/achievement in: _____

Obtain an Associates Degree in: _____

Transfer to a 4-year institution. Where? _____

Have you filed for Financial Aid at COA? Yes No

Did you check yes for financial Aid Work Study? Yes No

Are you apart of any of the special programs at COA? Veterans CARE DSPS OTHER

EMPLOYMENT INFORMATION:

Do you need assistance with employment? Yes No

Are you employed? Yes No

If Yes, where _____

Date employment began: _____

Hours per week? _____

Are you doing County Community Service or Volunteering? Yes No

If Yes, where? _____

Hours per week _____

ETHNIC BACKGROUND

African American

Caucasian

Middle Eastern

Afghani

Chicano

Native American

Asian America

Filipino

Pacific Islander

Bosnian

Latino

Decline to State

CERTIFICATION :

I attest, under penalty of perjury that all information above is true and complete to the best of my knowledge. I am aware that I have to be registered at the College of Alameda and submit the most current Notice of Action and follow the guidelines stated in the Mutual Responsibility Contract to receive services from COA CalWorks program.

Signature of Participant _____ Date _____