

COLLEGE OF ALAMEDA

CalWORKs and C.A.R.E Programs

CERTIFICATION FORM

Name: _____ Date: _____

Last First M.I

Student ID _____ SSN _____ Birthday _____

Address _____

Street City Zip Code

E-Mail: _____ Primary Contact Number: _____

DEMOGRAPHIC 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 _____

ETHNIC BACKGROUND

☐ African American ☐ Caucasian ☐ Southwest Asian North African (SWANA), Arab American

☐ Afghani ☐ Chicano ☐ Native American ☐ Asian America ☐ Filipino ☐ Pacific Islander ☐ Bosnian ☐ Latino

☐ Decline to State

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? _____

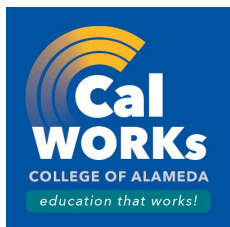
EDUCATIONAL BACKGROUND

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: _____



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EDUCATIONAL GOAL (mark all that apply)

- ☐ Obtain a certificate of completion/achievement in: _____
- ☐ Obtain an Associate's Degree in: _____
- ☐ Transfer to a 4-year institution. Where? _____

Have you filed for Financial Aid at the College of Alameda? Yes ☐ No ☐

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

Are you apart of any of the special programs at COA? ☐ EOP&S ☐ CARE ☐ SALAAM ☐ SAS ☐ 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 ☐

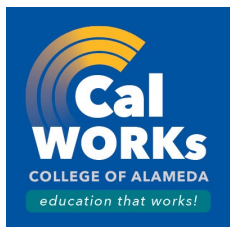
If Yes, where? _____

Hours per week _____

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 and C.A.R.E program.

Signature of Participant _____ Date _____



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CERTIFICATION FORM

COUNTY INFORMATION: *Please submit the entire application to SSA Social Worker and they will return by email once the SSA Social Worker signs off and County stamps.*

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 ☐

C.A.R.E /Cal Works Worker/ WTW Counselor Name _____

C.A.R.E /Cal Works Worker/ WTW Counselor Phone Number _____ Ext _____

C.A.R.E /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 ☐

Alameda County - Social Services Agency and/or other government agency Stamp Required Here:

County Employee Signature

Date

PLEASE RETURN COMPLETED FORM

College of Alameda	CalWORKs and C.A.R.E Programs
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