



Los Angeles Community College District  
CalWORKs Program



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**STUDENT INTAKE FORM**

*\*Please print clearly*

Student ID #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last MI First

Address: \_\_\_\_\_  
Street Apt # City State Zip

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Campus: \_\_\_\_\_ Additional Campus: \_\_\_\_\_

**LACCD use email as the primary form of communication. Check your email daily/weekly for important information from our program and the college.**

\_\_\_\_\_@student.laccd.edu  
*LACCD Student Email Address*

**Person to contact in case of an emergency:**

\_\_\_\_\_  
Name Relationship Phone # Alternate Phone#

My preferred written language: \_\_\_\_\_ My preferred spoken language: \_\_\_\_\_

**CalWORKs CASE INFORMATION**

GN6005A  GN6006  GN6390 Case #: \_\_\_\_\_

How many dependent children (under age 18) are included in your CalWORKs case: # \_\_\_\_\_

What are the ages? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

When did you start receiving TANF (Cash-aid) benefits? \_\_\_\_\_ (month/year)  
*(Indicate actual or approximate date)*

Is your spouse included in your CalWORKs case?  Yes  No  N/A

**LACCD MISSION:**



The mission of the Los Angeles Community College district is to provide our students with an excellent education that prepares them to transfer to four-year institution, successfully complete workforce development programs designed to meet local and statewide need, and pursue opportunities for lifelong learning and civic engagement.



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*\*Please print clearly*

Complete the following information for each child or legal dependent if they are attending COLLEGE campus CD center or if childcare is being paid through COLLEGE: (use the back of this form to list additional children/dependents)

Child's Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Child's Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Child's Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

What is your major? \_\_\_\_\_

What is your educational goal?  AA/AS  Certificate  Transfer

Do you have a high school diploma or passed GED/High School Equivalency test?  Yes  No

Have you attended any other college or university besides this COLLEGE?  Yes  No

Do you have an Associate of Arts/Science degree, Bachelor of Arts/Science Degree, or any other degrees or Certificates from another college, university or foreign county?  Yes  No

(If yes, name of colleges attended and city): \_\_\_\_\_  
\_\_\_\_\_

..... **EMPLOYMENT INFORMATION** .....

Are you currently working?  Yes  No

If yes, indicate the following:

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Start date: \_\_\_\_\_ Average Hours per week: \_\_\_\_\_ Highest Hourly Wage: \_\_\_\_\_

Is this "Subsidized Employment?  Yes  No Is this position: \_\_\_ On-Campus \_\_\_ Off-Campus

Are you currently volunteering?  Yes  No

If yes, indicate the following:

Organization/Site: \_\_\_\_\_

Position title: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Start date: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**CONFIDENTIALITY WAIVER FORM**

In compliance with the Family Educational Rights and Privacy Act (FERPA), LACCD is prohibited from providing certain information from your student records to a third party. You may, at your discretion, grant LACCD to release information to a third party by completing this Confidentiality Waiver Form. In order to provide you with CalWORKs-related services, the Los Angeles County Division of Public Social Services (DPSS) requires that we send evidence of your eligibility, enrollment, academic performance and employment (as applicable) to DPSS on a periodic basis. Therefore, this Confidentiality Waiver Form is required to receive CalWORKs-related services from LACCD.

I, \_\_\_\_\_, authorize the LACCD CalWORKs Program, to communicate and release enrollment, employment information, eligibility, and academic performance to County DPSS and/or related agencies as reasonably required to provide services.

LACCD also requests authorization to occasionally use photos of you during program and/or campus events for training and promotional materials. Authorization of the use of your likeness is optional.

I, \_\_\_\_\_, authorize the use of my photographs/during program and campus events and allow PROGRAM department to use the likeness in advertisements that support education without charge or reservation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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## GENERAL INFORMATION

Welcome to the Los Angeles Community College District’s (LACCD) CalWORKs Program. The CalWORKs program is dedicated in assisting you in achieving your academic and vocational goals. We will work closely with your GAIN Service Worker (GSW) to provide you with comprehensive supportive services.

These services may include: case management, career/job development, work-study, ancillary request/reimbursement forms, child care, academic and career counseling, resource referrals, workshops, completion of various forms, tutoring, and other services.

## CalWORKs STUDENT RESPONSIBILITIES

Please be aware of the following guidelines in order to maintain satisfactory participation and ensure your success at LACCD:

- ✓ **Submit a *Verification of Benefits* indicating TANF cash aid eligibility for yourself and everyone on your case within four weeks of the current semester or class.**
- ✓ Maintain required hours of approved activities as stated in your Welfare to Work agreement.
- ✓ Meet with an academic counselor before the start of each semester.
- ✓ Seek advisement with an academic counselor if you are struggling in your classes.
- ✓ Maintain a 2.0 GPA or higher in all courses.
- ✓ Notify our office of any changes to your case or school schedule within seven days of the change.
- ✓ It is your responsibility to apply and process Financial Aid applications and Fee Waivers each year. Go to the Financial Aid office to process this immediately upon registering in classes.
- ✓ **If you are a victim of domestic violence and there are security measures we should be aware of, please let a counselor or case manager know.**
- ✓ Allow 4-6 business days for document processing.
- ✓ Comply with each campus’ prescribed programmatic requirements and expectations.

Please feel free to ask questions and discuss any concerns you may have.

I have read and understand my responsibilities as a student of the LACCD.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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