

**PASADENA CITY COLLEGE**  
**Extended Opportunity Programs & Services**  
**Supplemental C.A.R.E. 2007-2008 WEB Application**

Soc. Sec. No. \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Are you participating in : CalWORKS/GAIN/TANF? Yes\_\_\_\_ No\_\_\_\_

**Date your cash aid (TANF benefits) began:** \_\_\_\_\_  
Date

**Marital Status:** Single\_\_\_\_ Separated\_\_\_\_ Married\_\_\_\_ Divorced\_\_\_\_

Are you employed: Part-time \_\_\_\_ Full-time \_\_\_\_ Not employed \_\_\_\_

If employed, type of employment: Campus employment \_\_\_\_ Other \_\_\_\_

List each dependent child:

	<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>
1.	_____ Last name, First name	_____	_____ Month/Day/Year
2.	_____ Last name, First name	_____	_____ Month/Day/Year
3.	_____ Last name, First name	_____	_____ Month/Day/Year
4.	_____ Last name, First name	_____	_____ Month/Day/Year
5.	_____ Last name, First name	_____	_____ Month/Day/Year

Is your child (children) currently in child care? \_\_\_\_Yes \_\_\_\_No

**Note: Submit this application along with the T.A.N.F. verification form (and the EOPS application if you have not applied for EOPS) to the EOP&S office in L-107.**