



PCC CALWORKS PROGRAM

INTAKE APPLICATION

Please check one: **NEW** PCC CalWORKs Student **RETURNING** PCC CalWORKs Student **CEC** Student

PERSONAL & FAMILY INFORMATION

Full Name: _____ Intake Date: _____

Last
First
M.I.

Address: _____

Street
Apt./Unit #
City
Zip Code

_____/_____/_____

Cell Phone
Home/Message Phone
Email Address

PCC Lancer ID#: _____ Social Security #: _____ DPSS Case #: _____

Birth Date: _____ MALE FEMALE Receive CalWORKs/TANF cash for: MYSELF MY KIDS How Long? _____

My preferred written language: _____ **My preferred spoken language:** _____

Marital Status: **SINGLE** **MARRIED** **Your Household is:** **SINGLE-PARENT** **TWO-PARENT**

If a two-parent household, does your spouse/significant other: Work Attend School

Names of Dependent Children	Age	Birth date	In Child Care? (Yes/No)	Are you receiving childcare assistance?	Are you receiving cash-aid for this child?
			Y N	Y N	Y N
			Y N	Y N	Y N
			Y N	Y N	Y N
			Y N	Y N	Y N

EDUCATIONAL INFORMATION

Do you have a High School Diploma/GED? _____ Do have any other certificates/degrees? _____

Which **PCC assessment/placement tests** have you taken? (**Exclude CEC tests**) English ESL Math

What is your educational goal? Certificate Program Associate's Degree Transfer/ Bachelor's Degree

Major at PCC: _____ Career goal: _____

When did you start attending PCC? _____ Are you currently enrolled at another school? _____

Please list all colleges that you have attended in the past:

College: _____ Dates attended: _____

College: _____ Dates attended: _____

***NOTE: Please bring transcripts from your previous schools to your intake counseling session.**

DPSS & GAIN INFORMATION

Are you in the GAIN Program? YES NO If NO, are you Exempt? YES NO Exemption reason: _____

*** NOTE: If you are exempt, you will need to provide proof of your exemption from GAIN participation.**

How were you referred to PCC? _____ Are your required activity hours 20/30/35? _____

Other than school, what other **GAIN approved activities** will you participate in to meet your required hours?
(Domestic Violence, Mental health counseling, job club, work, community services, etc.) _____

Name of GAIN Worker: _____ GAIN Office: _____

GAIN Worker phone: _____ GAIN Worker fax: _____

EMPLOYMENT INFORMATION

Are you currently working? _____ Start date: _____ Hours per week: _____ Salary per hour: _____

Your employer: _____ Job title: _____

Work type: Regular job Work-Study Volunteer job Internship/class credit only

Are you interested in a Work-Study job position? YES NO [Office use only - TOP Code: _____]

NEEDS ASSESSMENT

Have you completed the FAFSA to apply for financial aid? YES NO If not, why? _____

What services will you need to help you be successful at Pasadena City College? (Mark all that apply)

- Study Skills Tutoring Testing for Learning Disabilities Computer Skills University Transfer
- Financial Aid Child Care Psychological/Counseling Services Health Services Mentoring Programs
- Student Organizations/clubs Other (be specific): _____

Please let us know if you are faced with any of the following circumstances:

- Learning Disability Physical Disability Domestic Violence Depression/Mental Health Legal Problems
- Substance Use/Abuse Homeless/Displaced Other _____

Are you receiving any of the following PCC services? EOPS CARE Program DSPS PASS Program

STUDENT CONSENT TO OBTAIN & RELEASE INFORMATION

I authorize the Pasadena City College CalWORKs Program to obtain and disclose information about me regarding CalWORKs eligibility, school enrollment/attendance, academic progress, assessment results, child care, work-study and other supportive services to relevant service agencies, including the Department of Public Social Services, GAIN, Childcare Resource Referral and other Welfare-to-Work partners, when necessary. I affirm that all the information that I have provided on this CalWORKs application is correct.

Student's Signature

Date

PCC CALWORKS OFFICE USE ONLY	
<input type="checkbox"/> VOB/NOA Submitted	<input type="checkbox"/> Checked for TOP Code
[ENTERED IN: <input type="checkbox"/> BANNER <input type="checkbox"/> EXCEL]	
GAIN Status: <input type="checkbox"/> SIP GN6005A	<input type="checkbox"/> Self-Referral <input type="checkbox"/> VOC GN6006 <input type="checkbox"/> Exempt <input type="checkbox"/> Post-Employment
Exempt ONLY: <input type="checkbox"/> Proof of Exemption End date _____ Reason _____	