

Pasadena City College

**EOP&S  
CARE**



# CAFYES Application 2016-2017

Date: \_\_\_\_\_ High School Name: \_\_\_\_\_

LancerPoint ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Were you in foster care in CA? \_\_\_\_ No \_\_\_\_ Yes

If yes, was the foster care placement through DCFS or Probation?

\_\_\_\_ DCFS \_\_\_\_ Probation \_\_\_\_ I don't know

Did you have an open case after the age of 16? \_\_\_\_ No \_\_\_\_ Yes

Are you under the age of 25? \_\_\_\_ No \_\_\_\_ Yes

How many units are you enrolled in at this time? \_\_\_\_\_

**Please submit this application to the EOP&S office located in L107. For questions, please contact Juanda Scoggins, EOP&S CAFYES Counselor or Theresa Reed, STARS Advisor at (626) 585-7439.**

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**Office Use Only:**

CAFYES App. Rec'd \_\_\_\_\_

Eligible  \_\_\_\_\_ Ineligible  \_\_\_\_\_

CAFYES Intake Appt. \_\_\_\_\_

Email notification \_\_\_\_\_