



CalWORKs Intake Checklist

The following items MUST BE COMPLETE AND SUBMITTED before and appointment is made with a CalWORKs counselor:

- Must** complete your Chabot College admissions application online at www.chabotcollege.edu.
- Must** take the English and Math, or ESL Assessment tests if you have not completed any college math or English classes.
- Must** complete the Chabot College CalWORKs Intake Packet (including the Consent of Release of Information Form).
- Must** provide unofficial transcripts from all previously attended colleges and schools if applicable.
- Must** bring a copy of your Welfare to Work Plan if completed.
- Must** provide your employment counselors contact information, CA driver's license or ID, social security card, and Chabot College class schedule (if you have already registered for classes).
- Must** complete the Extended Opportunity Programs and Services (EOPS) and Cooperative Agencies and Resources in Education (CARE) applications of registered in 12 units or more, and are Pell grant eligible. Applications are issued based upon availability of funds.
- Must** complete the Board of Governors (BOG) Fee Waiver. Income eligible students qualify to have the \$46.00 per unit enrollment fee waived.
- Must** complete the Free Application for Federal Student Aid (FAFSA) application. Eligible students may qualify for state and/or federal financial aid to assist them with their education expenses. You can file your FAFSA online at: www.fafsa.ed.gov.

If you have any questions or wish to make an appointment, please call (510)-723-6985



Program Intake Form

General Information

Date: ___/___/___ Social Security Number: ___ - ___ - ___

Name: _____ Date of Birth: ___/___/___ Age: ___
Last First MI

Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: (____) _____ - _____ Email Address: _____

Ethnicity: (Check one)

African/African-American Asian Filipino Hispanic/Latino Middle Eastern Native American
 Pacific Islander White (Non-Hispanic) Other: _____

Gender: Male Female English as a Second Language: Yes No Marital Status: Single Married Divorced Other: _____

In case of emergency, contact: _____

Name Phone Number Relationship

Family Information

Children: Yes No

Child 1: _____ Date of Birth: ___/___/___ Age: ___

Child 2: _____ Date of Birth: ___/___/___ Age: ___

Child 3: _____ Date of Birth: ___/___/___ Age: ___

Child 4: _____ Date of Birth: ___/___/___ Age: ___

Education

Include private business college, training programs, military, or trade schools.

High school diploma GED First-time college student Returning to college after absence Continuing student
 Certificate (Major): _____ Associate's Degree (Major): _____ Bachelor's Degree (Major): _____

Other: _____ Last year attended school full-time: _____

Were you ever enrolled in special education classes?

Yes No

Are you in any other support programs?

Americorps EOPS DSP Other: _____

Obstacles to Success

Childcare Poor study habits Health problems Lack of family support Relationship problems Lack of Confidence
 Transportation Cost No privacy
 Other (Please explain): _____

Please check any area that you would find helpful:

Childcare Personal counseling Group counseling Other: _____

Personal History

- Have you ever had any alcohol or drug problems? Yes No
Have you ever been in psychiatric care? Yes No
Are you currently using Social Services for? Family counseling Personal counseling Group counseling
Have you ever been in Foster Care? Yes No

For the purpose of program planning and job placement please answer the next question:

- Have you ever been arrested? Yes No
If yes, type of arrest?
 Felony
 Misdemeanor

CalWORKs Information

- Are you a single parent? Yes No
Are you currently on CalWORKs (Cash award)? Yes No
Have you signed a welfare-to-work contract and/or employment plan? Yes No

Employment Counselor's Information: _____
Name ID Number

Phone number: (____) _____ - _____ ext.: _____ Fax: (____) _____ - _____

What was the last term you attended? _____

Are you receiving childcare services? Yes No If, Yes: On Campus Off Campus

How many hours per week: _____ Are you currently employed? Yes No

I hereby apply to the Chabot College CalWORKs program and certify under penalty of perjury that to the best of my knowledge ALL of the above statements are correct and complete. I request whatever services Chabot College can provide that will assist me toward my academic goals.

Student's Signature: _____ Date: ____/____/____

Office Use Only

- SelfInitiated (1)
 SelfReferred (2)
 CountyReferral (3)
 Exempt Program Participant (4)
 Post Employment Program Participant (6)

Documents provided:

- Social Security Card
 California Driver License / ID
 Notice of Action



CONSENT OF RELEASE OF INFORMATION

Student's Full Name: _____
Last First MI

Social Security Number: _____ - _____ - _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ Date of Birth: _____

Throughout the time of services, I hereby request and authorize Chabot College to release or exchange information regarding my status as it pertains to my educational goals with the following:

- Chabot College Departments
- Alameda County Social Services Agency
- _____
- _____

I understand my rights by signing this Consent of Release of Information form.

Student's Signature: _____ Date: _____

Staff's Signature: _____ Date: _____