



Student ID:

CARE regulations require us to verify family's financial resources. The information provided below will be used only for CARE purposes and will be confidential per Sections 76200-76246 of the California Education Code and the 1947 Family Education Rights and Privacy Act.

Section A – to be completed by the student:

"I authorize the appropriate office/agency to provide the information requested by Mt. San Antonio College."

Case Name under which benefits are paid (please print):

Last

First

M.I.

Case Number

Student's Signature

Date

If you are currently receiving cash aid from CalWORKs/TANF (formerly AFDC) please check here: ☐

Section B – to be completed by the Agency:

A. Is the above named student receiving CalWORKs/TANF assistance for (check all that apply):

- ☐ Self
☐ Dependent Children
☐ Spouse
☐ Other _____

B. The date this student began receiving CalWORKs/TANF assistance is: ____/____/____

C. The student is in a one-parent assistance unit (single-head of household)?

☐ YES ☐ NO

D. Is the student named above currently being sanctioned by the County?

☐ YES ☐ NO

AGENCY STAMP

I affirm that the above information is correct.

Print Name _____

Signature _____

Job Title _____

Work Phone Number _____

County of Service _____

Date _____

Please Return To:

Mt. San Antonio College EOP&S/CARE

1100 N. Grand Ave. Walnut CA Office: (909) 274-4500 Fax: (909) 274-2932