



# Mt. San Antonio College



## Cooperative Agencies Resources for Education (CARE) Verification Form

Mt. SAC Student ID: A \_\_\_\_\_

School Year 2019-2020

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 Original Form To:**

Mt. San Antonio College EOP&S/CARE

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