

PASADENA CITY COLLEGE
Extended Opportunity Programs & Services
Supplemental C.A.R.E. 2004-2005 WEB Application

Soc. Sec. No. _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

Are you participating in : CalWORKS/GAIN/TANF? Yes____ No____

Date your cash aid (TANF benefits) began: _____
Date

Marital Status: Single____ Separated____ Married____ Divorced____

Are you employed: Part-time ____ Full-time ____ Not employed ____

If employed, type of employment: Campus employment ____ Other ____

List each dependent child:

	<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>
1.	_____ Last name, First name	_____	_____ Month/Day/Year
2.	_____ Last name, First name	_____	_____ Month/Day/Year
3.	_____ Last name, First name	_____	_____ Month/Day/Year
4.	_____ Last name, First name	_____	_____ Month/Day/Year
5.	_____ Last name, First name	_____	_____ Month/Day/Year

Is your child (children) currently in child care? ____Yes ____No

Note: Submit this application along with the T.A.N.F. verification form (and the EOPS application if you have not applied for EOPS) to the EOP&S office in L-107.