

**Cuyamaca College CalWORKs S.T.E.P.S. Program**  
**INTAKE FORM**

Name: \_\_\_\_\_ Colleague ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Marital Status:    Single    Married    Married/Spouse Disabled    Separated    Divorced    Widowed

If married, name of spouse: \_\_\_\_\_ Is spouse on the case? YES    NO

Ethnicity:    ☐ White    ☐ Hispanic    ☐ African American    ☐ Middle Eastern

☐ Native American    ☐ Asian    Other: \_\_\_\_\_

Native Language:    ☐ English    ☐ Spanish    ☐ Arabic    ☐ Chaldean    Other: \_\_\_\_\_

Employment Case Management Organization:    \*PCG    \*RESCARE

Name of WORKER (ETA/ECM): \_\_\_\_\_ Phone: \_\_\_\_\_

Educational Goal:    \*Degree    \*Certificate    \*Transfer    Declared Major: \_\_\_\_\_

Applied to:    \*CARE    \*DSPS    \*EOPS    \*Financial Aid    Other: \_\_\_\_\_

DO YOU HAVE CHILDREN UNDER 5?    YES    NO    Please ask about enrolling your

DO YOU NEED HELP WITH CHILDCARE? \_\_\_\_\_ child at the Child Development  
Center.

Are you a Veteran?    YES    NO    Are you eligible for Veteran Services?    YES    NO

Which branch were you associated with?

MARINES    ARMY    NAVY    COAST GUARD    AIR FORCE    RESERVES

**Please continue on the other side.**

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**Employment Information:**

**Are you currently working?**      YES      NO

**If YES, where:** \_\_\_\_\_ **Job Description:** \_\_\_\_\_

**Hours per week:** \_\_\_\_\_ **Hourly rate: \$** \_\_\_\_\_

**When did you start?** \_\_\_\_\_ **Supervisors Name & Phone #:** \_\_\_\_\_

**If married, does your spouse work?**      YES      NO **How many hours per week?** \_\_\_\_\_

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**Are you currently participating in Work Study?**      YES      NO

**How many hours?** \_\_\_\_\_ **Where?** \_\_\_\_\_

**\*Federal Work Study**      **\*EOPS Work Study**      (Circle one)

**Are you interested in CalWORKs Work Study?**      YES      NO

If YES, please ask for an application. This is awarded on a first come, first served basis.

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**I understand that the information that I have provided will be used to determine my eligibility for the CalWORKs S.T.E.P.S. Program and I certify this information is correct to the best of my knowledge. If at any time I am no longer receiving cash aid or DROP A CLASS, I will immediately contact the CalWORKs S.T.E.P.S. Program at Cuyamaca College.**

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Signature

Date

Cuyamaca College CalWORKs S.T.E.P.S. Staff Member: \_\_\_\_\_

Date