

**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.

أنا أفهم بان المعلومات التي قمت بتقديمها سوف تستخدم لتحديد أهليتي لبرنامج الكال وورك (CalWORKs) وأشهد بصحة هذه المعلومات الى حد علمي . وإذا في أي وقت لم اعد اتلقى المساعدات النقدية او قمت باسقاط او حذف درس من الدروس ساقوم على الفور بابلاغ مكتب برنامج الكال وورك (CalWORKs) في كلية Cuyamaca.

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Signature

Date

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

Date