



Date Stamp Here

**CALWORKS PROGRAM APPLICATION**  
 411 Central Avenue, Salinas, CA 93901 (755-6860)

<b>Applicant Information (Please print)</b>	
Last Name: _____	First: _____ Student ID: _____
Street Address: _____ Home Phone: _____	
City: _____ Cell Phone: _____	
State: _____ Zip: _____ Date of Birth: _____ Gender: ( ) M ( ) F	
Email: _____	

How did you hear about CalWorks? (check one)	Have you signed a welfare-to-work plan? ( ) Yes ( ) No
	If yes, date: ____/____/____
<input type="checkbox"/> CWES Worker	
<input type="checkbox"/> Hartnell counselor/instructor	Are you a single-head of household? ( ) Yes ( ) No
<input type="checkbox"/> Benefits Worker	Do you have children under the age 14? ( ) Yes ( ) No
<input type="checkbox"/> Came on my own/friend	

College/University previously attended including those outside the U.S. (Unofficial transcripts must be submitted)	
Name: _____	Units completed: _____
Name: _____	Units completed: _____

Do you have a HS diploma or GED? ( ) Yes ( ) No

Are you interested in CalWorks work study ? ( ) Yes ( ) No

Are you a new or continuing student? ( ) New ( ) Continuing

Have you taken the Acuplacer (formerly STAAR) test? ( ) Yes ( ) No

What is your Major? \_\_\_\_\_

Are there any legal issues from your past that could prevent you from achieving your Occupational Goal?  
 ( ) Yes ( ) No If yes, please briefly explain: \_\_\_\_\_

**Educational Progress and Disclosure**

I understand that the records kept from this interview are confidential in accordance with state law. I understand that my counselor or designated staff will review my educational progress using measurable goals each term and that in order to continue services, I must maintain a grade point average in accordance with Hartnell College catalogue criteria. I also understand that I must comply with Hartnell College's Policies & Procedures relating to student rights, responsibilities, and grievance procedure handbook.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Hartnell College CalWorks Consent Authorization**  
**411 Central Ave, Salinas, CA 93901**  
**Phone: (831) 755-6860 Fax: (831) 759-6040**

All information will be kept confidential and maintained as part of my student record in the CalWorks Program at Hartnell College and for educational/vocational planning and other student needs.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Maiden/Other Name Used: \_\_\_\_\_ SS# \_\_\_\_\_

CWES Worker: \_\_\_\_\_ DSS Case #: \_\_\_\_\_

I, \_\_\_\_\_, consent to and request to release information to the Hartnell College CalWorks Program. I consent to release of information between Hartnell College CalWorks Program counselors, faculty, and staff and one or more of the following:

- Department of rehabilitation (DR)
- Department of Social Services (DSS)
- Employment Development Department (EDD)
- Office for Employment Training (OET)/Private Industry Council (PIC)
- Child Care Provider
- Employer
- Other Hartnell College Program/Services/Area of Discipline
- Other \_\_\_\_\_

I authorize the release of information to include one or more of the following:

- Verification of TANF
- Welfare-to work plan
- Consultations
- Financial Aid
- Vocational evaluations
- Test results/reports/assessment/screenings & any other applicable measurements.
- Individual Training Plans/Transcripts
- Work history
- Hartnell supportive services
- Other: \_\_\_\_\_

This information will only be discussed on a need-to-know basis when necessary to assist me, the student. This authorization will remain in effect for two years or until services revocation at Hartnell College CalWorks Program.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_



