



Date Stamp Here

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

Applicant Information (Please print)	
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
<input type="checkbox"/> CWES Worker	If yes, date: ____/____/____
<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: _____

Please continue to next page.

Office Use Only

Eligible for CalWorks

[] Student on cash aid

Passport Date: _____

[] Self-initiated participant (SIP)

[] Self-initiated participant (SIP)

Not Eligible for CalWorks

[] Sanctioned

[] Timed-out

[] Tribal TANF

☐ Food Stamps only

[] Children on cash aid

Term accepted: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Accepted by: _____ Date: _____

COMMENTS:_____

[illegible]

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 _____

FOR OFFICE USE ONLY

[illegible]