



EOP&S/CARE 2018-2019 AGENCY VERIFICATION-CARE ELIGIBILITY



Federal and State regulations, relative to student Financial Aid, mandate coordination and verification of all family financial resources. The information provided will only be used to determine Financial Aid eligibility and will be kept confidential pursuant to Section 76200-76246 of the California Education Code and the 1974 Family Education Right and Privacy Act.

SECTION I Complete this section before submitting to agency. I authorize the appropriate office/agency to provide the following information requested by the school above.

STUDENT I.D. #

PLEASE PRINT

Address: _____
City

_____ () _____
State Zip code Telephone number

_____ Case Name (under which benefits are paid) _____ Case Number

Family Information: *(Please list dependent children in your household).*

Name: _____ DOB _____ Age _____ Female Male

Name: _____ DOB _____ Age _____ Female Male

Name: _____ DOB _____ Age _____ Female Male

_____ / ____ / ____
Applicant's Signature Date

Please circle one

MARRIED [M] SINGLE [U] DIVORCED [D] SEPARATED [S] WIDOWED [W]

Return completed forms to: Los Angeles City College • EOP&S/CARE • SSB 3rd floor
855 N. Vermont Avenue Los Angeles, CA 90029 • (323) 953-4000 ext. 2300

STOP

SECTION II: **To be completed by the agency providing benefits.**

The student listed has applied for the CARE program at LACC. The following information is needed to verify student's eligibility for the program's funds and/or services.

1. Single Head of Household YES NO

2. Officially approved for TANF/CalWORKs YES Date: ___/___/___ NO

3. Number of individuals in household receiving TANF/CalWORKs.

Adult(s) _____ Children _____

4. At least one child under the age of 18 living in household

Yes No

Agency Representative (print)

Title/Official Position

Signature

_____/_____/_____
Telephone Number Date

Address: _____

City: _____

State /zip code _____

