



CalWORKs Intake Form

Name: _____ Date: _____
 First Last

Address: _____ SSN: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Pager: _____ Email: _____

NAME OF CHILDREN	D.O.B OF CHILDREN	YOUR LEGAL STATUS
_____	_____	H.S. Diploma or GED? Y N
_____	_____	California Resident? Y N
_____	_____	U.S. Citizen Y N
_____	_____	If not, provide Alien Card # _____

CWES STATUS:

Major: _____ Goal: Certificate AA/AS degree

On cash aid? Y N Have attended County CalWORKs orientation? Y N

Have been given assessment tests by the county? Y N

Have been assigned a CalWORKs case manager: Y N Name: _____

Have your books/fees been paid for by EOPS/CARE or other organization? Y N

Diagnosed learning disability? Y N

IN CASE OF EMERGENCY OR TO LOCATE ME CALL:

Name: _____ Phone: _____

Did you receive any De Anza College counseling services this past quarter, **(NOT counting EOPS, CARE, and OTICalWORKs Counselor)**? Y N

Size of household: 1 Parent Family 2 Parent Family

Are you currently working? Y N

If you answered NO survey is complete
If you answered YES, move on to next question

Job Type: Work Study Unsubsidized Employment (paid / regular job)
 Volunteer Position Externship/Internship

1. List your field of work (e.g. customer service, business administration, computers, etc.)

2. Employment START date: _____
(If you do not know the exact date please list month and year)
3. Employment END date or current if still employed: _____
(If you do not know the exact date please list month and year)
4. Average number of hours you worked per week: _____
5. Hourly wage: \$ _____