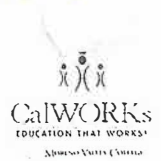


# CalWORKs

## APPLICATION 2013-2014



Dear CalWORKs Applicant:

Thank you for your interest in the CalWORKs Program at Moreno Valley College. CalWORKs connects students to the labor market by providing academic, financial aid and transfer counseling, job placement, workshops, career pathway planning services and intensive case management services. Our students receive guidance, counseling, and mentoring to assist with the transition to Community College and into the job market and/or transfer to a 4-year University. We assist our participants to maintain satisfactory academic progress for MVC, financial aid and GAIN. CalWORKs is committed to your academic success and importance educational planning plays in reaching self-sufficiency. Students are encouraged to take advantage of Moreno Valley College resources in addition to all activities hosted by CalWORKs. We provide opportunities to build strong relationships with peers, faculty, staff and the community.

The enclosed application outlines the CalWORKs Program eligibility and requirements. In order to be considered for this program students must renew program eligibility each semester. Once we have received your completed application, the CalWORKs Counselor/Coordinator will assess your application and if eligible you will be contacted to schedule a follow up intake appointment.

Thank you for your interest in the CalWORKs Program at Moreno Valley College. We look forward to assisting you in achieving your educational goals.

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### **COMPLETED PACKET CHECKLIST:**

- RCCD application listing Moreno Valley College as home college
- Current enrollment in 1 unit at Moreno Valley College
- CalWORKs Application Packet
- Valid Proof of Cash Aid

*If you need assistance or have any questions please contact us:*

*Workforce Preparation Department*

*CalWORKs Program*

*HUM 233B (951) 571-6156*

*[www.mvc.edu/services/cw](http://www.mvc.edu/services/cw)*

**<https://www.facebook.com/calworksmorenovalley>**

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# Moreno Valley College CalWORKs Application

2016-2017



Last Name:		First name:			Middle Initial:
DOB:	Student Id # :	Case Number:	Female <input type="checkbox"/> Male <input type="checkbox"/>	Phone Number:	
Address:			City	State	Zip
Mailing Address (If Different):					
RCCD Email:		Personal Email:		Facebook:	

## Household Composition

List household members **including yourself**:  One Parent     Two Parent    # of Children \_\_\_\_\_

Are you pregnant?    Yes  No                       Due Date    \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE**

Last Name, First Name	DOB	Cash Aid	Child Care	#Child Care Hours Weekly	Off Campus	
(SELF)		Y <input type="checkbox"/> N <input type="checkbox"/>				<input type="checkbox"/> FAL _____
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> WIN _____
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> SPR _____
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> SUM _____
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Receive Needs Assessment Svcs
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Receive Other CM Svcs
		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Receive Both

## GAIN Information

Are you in Gain?    Yes  No                       Status:     Contracted     Exempt     Ineligible     Sanctioned

**OFFICE USE**

GAIN Office	Worker Name	Worker Phone	
Have you signed a WTW Plan?    Yes <input type="checkbox"/> No <input type="checkbox"/>		WTW Start Date:	WTW End Date:
How were you referred to MVC CalWORKs program? <input type="checkbox"/> GAIN Worker <input type="checkbox"/> MVC Website <input type="checkbox"/> Friend			<input type="checkbox"/> Self-Initiated <input type="checkbox"/> Self-Referred <input type="checkbox"/> County Referred <input type="checkbox"/> Exempt <input type="checkbox"/> Post-Employment <input type="checkbox"/> Ineligible GAIN
Were you attending college before you started the GAIN program?                      Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____			

Education				
Name of high school:	<input type="checkbox"/> Diploma	<input type="checkbox"/> Proficiency	<input type="checkbox"/> GED <input type="checkbox"/> N/A	
Are you new to RCCD?	<input type="checkbox"/> New	<input type="checkbox"/> Continuing	<input type="checkbox"/> Returning	
Have you indicated Moreno Valley College as your home college?	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>OFFICE USE</b>	
Are you enrolled in 1 unit at MVC? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, what is your registration date?		<input type="checkbox"/> Did not receive Counseling <input type="checkbox"/> Received Academic/Vocational/Personal Counseling (CalWORKs) <input type="checkbox"/> Received counseling from other counseling services <input type="checkbox"/> Received Counseling (Community College/CalWORKs/TANF funding and other college) <input type="checkbox"/> Direct support service was not provided <input type="checkbox"/> Direct support service founded through the community colleges	
Please name the institution(s) and dates attended:				
Date official transcript(s) submitted to MVC:	Do you need an SEP? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Attached unofficial transcripts from RCCD? Yes <input type="checkbox"/> No <input type="checkbox"/>	Assessment Scores			
RCCD Status: <input type="checkbox"/> New <input type="checkbox"/> Active <input type="checkbox"/> Returning	Math	English		Reading
Have you completed: <input type="checkbox"/> Orientation <input type="checkbox"/> One Semester Plan				
Education Goal: <input type="checkbox"/> Certificate <input type="checkbox"/> AA <input type="checkbox"/> BA/after AA <input type="checkbox"/> BA w/o AA				
Are you enrolled in classes this semester? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, how many units? <input type="checkbox"/> 1-3 <input type="checkbox"/> 3-6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 6-10				
Name of institution planning to transfer to:				

Employment			
Are you currently working ? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you interested in finding a job? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Job title:	Company Name:		<b>OFFICE USE</b>
Start Date:	Hrly Wage:	Hrs. Per week:	End Date:
<input type="checkbox"/> On Campus Work Study	<input type="checkbox"/> Off Campus Work Study	<input type="checkbox"/> Volunteer/WEX/Comm. Srvc.	<input type="checkbox"/> WKX 200 Wrk Exp. Class
Do you need assistance with:			<input type="checkbox"/> On Campus WS (CWS) <input type="checkbox"/> Off Campus WS(FWS) <input type="checkbox"/> Unsubsidized FWS/US <input type="checkbox"/> Volunteer Position <input type="checkbox"/> Credit Position WKS200
<input type="checkbox"/> Job Search <input type="checkbox"/> Job Skills			
<input type="checkbox"/> Resume Writing <input type="checkbox"/> Job Placement			

Support Services	
Are you presently a participant of any other support programs at Moreno Valley College?	<input type="checkbox"/> N/A
<input type="checkbox"/> DSS <input type="checkbox"/> EOPS/CARE <input type="checkbox"/> STEM <input type="checkbox"/> Veteran <input type="checkbox"/> RSP <input type="checkbox"/> Other _____	
If you have a temporary or permanent learning, mental health and or physical disability DSS (Disabled tudents Services) can Help. For more information speak to CalWORKs counselor visit DSS at Humanities room 222. 951/571-6138 or visit their website at <a href="mailto:DSSForms@mvc.edu">DSSForms@mvc.edu</a>	
<b>Documneted disability may make you eligible for a Unit Waiver from the required 12 units for the program.</b>	

## Ethnicity

Check the one you most identify with:

- Hispanic/ Latino     
  African American     
  Caucasian/ White     
  Asian     
  Other

## Primary Program of Study

- Engineering     
  Computer Science     
  Nursing     
  Social Work     
  Early Childhood Ed  
 Health Profession     
  Criminal Justice     
  Business     
  Teaching     
  Other

## CalWORKs Program Services

Please identify the services you are interested in receiving:

<i>College Services</i>	<i>Community Services</i>	<u>OFFICE USE</u>
<input type="checkbox"/> Academic Advising <input type="checkbox"/> Transfer Assistance <input type="checkbox"/> Academic Tutoring <input type="checkbox"/> Financial Aid Assistance <input type="checkbox"/> Special Programs	<input type="checkbox"/> Internship Opportunities <input type="checkbox"/> Mentoring <input type="checkbox"/> College to Career <input type="checkbox"/> Personal & Academic Support <input type="checkbox"/> Job Placement	<input type="checkbox"/> Free/ Low Cost Child Care <input type="checkbox"/> Free Food <input type="checkbox"/> Financial Literacy/ Education <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Housing <input type="checkbox"/> Other
		<input type="checkbox"/> Tutoring <input type="checkbox"/> Books <input type="checkbox"/> Educational Supplies <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Other Educational Related Expenses

Please write a brief statement about your goals, and possible obstacles that might impact your academic success and commitment to GAIN? How can CalWORKs help you achieve your goals?


What are your academic and career goals?

Short Term	Long Term
1)	a)
2)	b)
3)	c)
4)	d)



# MORENO VALLEY COLLEGE

## Workforce Preparation

### Consent to Release Information

Name \_\_\_\_\_

Last

First

Middle

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Maiden Name or Other Used \_\_\_\_\_

I give my permission for the Riverside Community College District Workforce Preparation Office to verify any information utilized to determine my eligibility during the time that I am enrolled in the MVC/RCC Workforce Preparation Programs.

I authorize the sharing of information between Department of Public Social Services and WFP-Staff at Moreno Valley College to verify my income, eligibility and need for childcare and/ or support services. To assist in managing my Workforce Preparation case including planning and career academic planning or employment.

I give my permission for the Riverside Community College District Workforce Preparation Office to request from and /or provide to other publicly funded agencies and eligibility information needed to ensure proper use of State/Federal funds.

I understand that if I am found to be ineligible for Workforce Preparation's services; or if the information provided to the Workforce Preparation Office during the time I am enrolled is found to be inaccurate, I will be responsible for repayment to Riverside Community College District for any payments made on my behalf to the college or to other service providers (enrollment fees, and/or other school related expenses).

I further give permission for the Workforce Preparation faculty and staff to discuss my educational situation with other professionals who have a legitimate educational need to know.

This undersigned shall remain in effect during my enrollment or until revoked in writing by the undersigned.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian (under 18 years of age)

Date: