

C.A.R.E.

Cooperative Agencies Resources for Education UNTAXED INCOME VERIFICATION – AGENCY CERTIFICATION

NAME OF C.A.R.E. APPLICANT _____ S.S.N. _____

Eops/C.A.R.E. regulations require us to verify your household's financial resources. The information provided below will be used for the purpose of determining EOPS/C.A.R.E. eligibility and will be confidential per Section 76200-76246 of the California Education Code and 1974 Family Education Rights and Privacy Act.

TO BE COMPLETED BY STUDENT BEFORE SUBMITTING TO AGENCY

"I authorize the appropriate office/agency to provide the information requested by Los Angeles Harbor College."

Case name under which benefits are paid _____ Case Number _____

C.A.R.E. Applicant's Signature _____ Date _____

TO BE COMPLETED & STAMPED BY AGENCY PROVIDING BENEFITS

****Eligibility for C.A.R.E. is limited to single, heads of household who are currently receiving CalWORKs****

1. Is the person/client named above receiving TANF/CalWORKs from this agency? _____ Yes _____ No

2. Date TANF/CalWORKs benefit began: _____

3. Is the student identified as a Single Parent, Head of Household by your agency? Yes _____ No _____

Please check: Single _____ Divorced _____ Separated _____ Widow _____ Other(explain) _____

4. Name(s) of child(ren) under 14 years of age: _____

Agency Representative (please print)

Title/Official Position

Signature

Phone Number

Fax Number

Agency Stamp Required

PLEASE RETURN THIS COMPLETED FORM TO:

LOS ANGELES HARBOR COLLEGE
EOPS/CARE
1111 FIGUEROA PLACE
WILMINGTON, CA 90744
PHONE: (310)233-4265 FAX: (310)233-4124

FOR C.A.R.E. OFFICE USE ONLY

Received by: _____

Date: _____ Time: _____

Student Status: New _____ Continue _____