



OXNARD COLLEGE
CalWORKs Program Application

Semester: _____
Year: _____
Major: _____
Ed Goal: AA/AS / Transfer / Certificate

Name: _____	Last 4 Digits of SSN: _____	Student ID: 900 _____
Address: _____	City: _____	Zip Code: _____
Home#: (____)	Cell/Message#: (____)	
Email: _____	Birthday (Month/Day/Year): _____	Age: _____ Male/Female

CalWORKs Eligibility.

Please answer the following questions:

Have you applied for Oxnard College Admission?	Yes	No
Have you completed an Oxnard College Orientation?	Yes	No
Have you completed an Educational Plan with an Oxnard College Counselor?	Yes	No
Are you currently enrolled at Oxnard College?	Yes	No
Have you applied for FAFSA/BOG Fee Waiver?	Yes	No

If you answered NO to the first six questions, please STOP here and return the application to reception area.

Needs Assessment:

Have you applied to EOPS/CARE Program at Oxnard College?	Yes	No
Have you ever received services for physical or learning disability?	Yes	No
Are you a current or former foster youth?	Yes	No
Are you 25 years old or younger?	Yes	No
Are you part of Oxnard College E.A.C. Program?	Yes	No
Highest level of education completed:	Select one of the following:	HS Diploma G.E.D.
Have you ever attended another college or university?	Yes	No
<i>If Yes, name of college or university attended:</i>		
Do you have a degree?	Yes	No
<i>If Yes, degree earned:</i>		
Do you have reliable transportation or access to public transportation?	Yes	No
Briefly describe your housing situation:		

CalWORKs Information:

Household Size:	One Parent	Two Parent	If two parent household, is second parent in CalWORKs?	Yes	No
How many people in household?		How many children in household?		How many dependent special needs children?	
Names and ages of children:					
Have you completed a Welfare to Work Plan?				Yes	No
Case #		Worker Name:			

Employment

Are you currently employed?	Yes	No
<i>If YES, please answer the following questions</i>		
Employer Name:		
Job Title:		
Date Began:	Hours Per Week:	Hourly Rate: \$
If answered NO to your employment, are you interested in work-study?	Yes	No
Have you ever been fired from a job? Yes No		
<i>If Yes, please state reason:</i>		
Do you have a criminal background?	Yes	No

I affirm that all the information that I have provided on this application is correct.

Signature: _____ Date: _____



Student Name: _____ Student ID Number: 900 _____

As a participant of the CalWORKs Program at Oxnard College, I understand that I must be receiving Temporary Assistance to Needy Families (TANF) for myself and my child(ren), and comply with the following:

I understand to be eligible, I must	Initial
Receive cash aid for myself and my children.	
Participate in a Welfare-to-Work program.	
Provide TANF verification at the beginning of every term (Summer, Fall, Spring) by either a Notice of Action, Verification of Benefits, and/or Agency Certification.	
Attend a CalWORKs Overview Session/Orientation EVERY SEMESTER .	
Meet with my CalWORKs Counselor TWICE per semester .	
Schedule appointments with CalWORKs Counselor for completing all County required paperwork, e.g. Monthly Activity Attendance, Individual Training Plan (I.T.P.), etc.	
Use Oxnard College Resources (e.g. Learning Assistance Center, CalWORKs Tutoring and Computer Lab) to help meet my Monthly Activity Attendance requirement.	
Follow my Student Educational Plan developed with a CalWORKs Counselor and approved by my County Worker	
Inform a CalWORKs Counselor during a scheduled appointment about any major challenges or changes (academic, personal, financial) that may hinder my academic success or my compliance with my Welfare-to-Work Plan.	
Speak with a CalWORKs Counselor BEFORE dropping a class. I understand that, if I drop a class, it may affect my CalWORKs eligibility, my Financial Aid award, as well as my County Aid.	
Be in good academic standing (2.0 GPA or better <i>per semester</i>). I understand that, if I am not in good academic standing, the County may revoke my services.	
Adhere to the rules and policies set by Oxnard College and the CalWORKs Program.	
Attend ALL MANDATORY Easy Access to Successful Employment for Life (E.A.S.E.L) Workshops , unless I am exempt due to class or unsubsidized (off-campus) employment in which I will notify the CalWORKs Counselor.	

I understand, the CalWORKs Program agrees to provide me with resources and my eligibility for the following services:	Initial
Encourage and support me in reaching my personal, educational and career goals.	
Advocate for me when I am experiencing challenges or feel that my rights are being violated.	
Assist me with completing and understanding required County paperwork.	
Provide academic, career and personal counseling.	
Provide Personal Development Workshop (e.g. E.A.S.E.L. Workshops).	
Paid Internship opportunities - <i>Services based on availability and eligibility</i> .	

I understand the CalWORKs Program:	Initial
Will not be held responsible for any lost or stolen property on the CalWORKs premises or at any CalWORKs sponsored events.	
May take up to 72 business hours to process any documents, i.e. Monthly Activity Attendance Records (MAAR), with the exception of peak academic times, such as Orientation or Early Registration, when the expected processing time may take up to 84 business hours.	
Will email your Worker and copy myself processed documents including, but not limited to, my MAAR and my ITP and Book Voucher Request Forms. I understand that I am responsible for any follow-up with my Worker and not the CalWORKs staff.	

Student Signature _____ **Date** _____

CalWORKs Counselor Signature _____ **Date** _____



OXNARD COLLEGE

CalWORKs Program Application

Photo, Video, and Testimonial Statement Release

I, the undersigned, hereby consent to and authorize the use and reproduction by the Ventura County Community College District, any of the individual colleges within the District, or college related foundation(s), to use my image, likeness and/or voice in the production of college, college district or college related foundation(s) publications, whether in print, video, audio or for a website. I hereby waive any right to inspect or approve the finished images, advertising copy or printed matter that may be used in conjunction therewith, or the eventual use that the images may be applied. I release the college, college district or college related foundation(s) from any liability relating to any blurring, distortion, or alteration whether intentional or otherwise, that may occur or be produced in connection with the images, or in connection with any processing, alteration, transmission, display or publications of the image. This agreement constitutes the sole, complete and exclusive agreement between college, the college district or college related foundation(s) regarding the images and I am not relying on any other representations whether oral or written.

Furthermore, I understand that any testimonial statement as outlined by myself below and made on behalf of the Oxnard College CalWORKs department may be used in connection with publicizing and promoting the department. I authorize the Oxnard College CalWORKs department to use my name, brief biographical information, and the testimonial statement as defined on this form. I hereby consent to and authorize the use of said statement by Oxnard College CalWORKs department to copy, exhibit, publish, and/or distribute the testimonial for the purpose of publicizing the Oxnard College CalWORKs program or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites, or in any other distribution media.

I understand that the use of my image, likeness and/or voice in the production of college, college district or college related foundation(s) publications, whether in print, video, audio or for a website as well as any statement as defined by myself below may also be distributed for marketing purposes to the CalWORKs Association and/or any other outside agencies for the promotion of the program, college, college district or college related foundation(s) publications.

This agreement will remain in effect, without compensation to me, so long as the college, college district or college related foundation(s) deems necessary. The original film, prints, negatives, tapes, and/or soundtracks shall constitute the property of the college, college district or college related foundation(s) that created the materials.

Testimonial Statement:

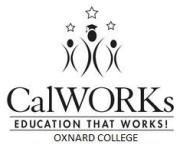
For More Information, Comments, or Inquiries email occaworks@vcccd.edu or call 805-687-5887.

Last Name, First Name

Student ID

Signature

Date



OXNARD COLLEGE

CalWORKs Program Application

WAIVER OF CONFIDENTIALITY

Pursuant to the Federal Educational Rights and Privacy Act, or FERPA, the California Education Code and the California Administrative Code Title V, the colleges in this district of Ventura County establish and maintain information on student relevant to admission, registration, academic history, career, student benefits or services, extra-curricular activities, counseling and guidance, discipline or matters related to student conduct, and shall establish and maintain such information required by law.

Student records are maintained in a manner to ensure privacy of all such information and the colleges of this district shall not, except as authorized, permit any access to release of any information therein.

In order to help me further my educational and career goals, I am authorizing Oxnard College Staff to disclose information about me to authorized individuals from other agencies.

I give my permission to Oxnard College to disclose information about me regarding:

- CalWorks
- Child Care Arrangements
- School Attendance/Activity Results
- Academic Progress, including but not limited to Grades and Transcripts
- Assessment Results
- Work Study
- Verification of TANF (Cash Benefits) for Self and Dependent(s)
- Assessment results, recommendations, needs, and plans from the Educational Assistance Center (EAC)
- Spouse or Significant Other: _____
- Other: _____

To The following persons or agencies:

- Ventura County Community College District – Administrators, Faculty, Staff (VCCCD, EOPS/CARE)
- Human Services Agency of the County of Ventura (CalWORKs and Mental Health Department)
- Child Development Resources
- Vocational Rehabilitation Providers
- Workforce Development Division of the County of Ventura
- Other: _____

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING BY THE UNDERSIGNED.

Student Name

Student ID#

Student Signature

Date