

**CARE -
COOPERATIVE
AGENCIES
RESOURCES FOR
EDUCATION**

CARE is designed to help single parent students who are receiving public assistance (CalWORKs/TANF) achieve academic and personal success.

**NEXTUP/
GUARDIAN
SCHOLARS**

The NextUp/ Guardian Scholars program supports current and former foster youth to achieve their academic and personal goals.

CARE ELIGIBILITY

Are you a single parent and head of household? Yes No

Are you or your child/ren currently receiving CalWORKs/TANF? Yes No
If yes, please submit the Agency Certification form to the EOPS office

Are you 18 years of age or older? Yes No

Name of child(ren)	Age	Gender	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NEXTUP/GUARDIAN SCHOLARS ELIGIBILITY

Have you ever been a Dependent/Ward of the Court or Foster Youth? Yes No
If yes, you might be eligible for additional support services

If YES in what County/State? _____ What age did you enter care? _____

What age did you exit (i.e., emancipated, adopted, legal guardianship, etc.)? _____
Write N/A if you are receiving AB12 Extended Foster Care services

Are you currently on juvenile probation or have you ever been on juvenile probation? Yes No

Did you select YES on the following FAFSA question: At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court? Yes No

Do you have a copy of your Ward of Court/Dependency Letter? (If you do not have a copy, you can request one by calling the Foster Youth Ombudsman's Office hotline: 1-877-846-1602. Select no if you were never formally in care.) Yes No

Are you currently or have you ever been homeless (including "couch surfing," or staying in a motel or shelter)? Yes No

CERTIFICATION

I certify that all of the information is correct to the best of my knowledge. I grant the Golden West College EOPS office the authority to verify and/or obtain the records necessary to document the above information, as well as, to receive information regarding my college and academic status from other college departments. I understand that it may be necessary to provide further documentation to determine my eligibility for EOPS, CARE, and/or Guardian Scholars services.

Signature: _____ Date: _____

Intake Staff: _____ Date: _____

