



**Confidential Information – PLEASE PRINT**

**CalWORKs Student Information Sheet - Ohlone College**

Have you enrolled in the CalWORKs Program previously with Ohlone College?  Yes  No

Date of previous service: \_\_\_\_\_

Currently enrolled for:  Fall Semester Year: \_\_\_\_\_  Spring Semester Year: \_\_\_\_\_

How many semesters have you been enrolled in college (either at Ohlone or any other college) while you have been on aid? \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_ Student ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Are you a USA Citizen?  Yes  No

If Not, Registration Card # \_\_\_\_\_

Emergency Contact and Phone # \_\_\_\_\_

Email \_\_\_\_\_

Address (Make sure to include city and zip code) \_\_\_\_\_

Social Service EMPLOYMENT COUNSELOR \_\_\_\_\_

Employment Counselor Phone and Extension # \_\_\_\_\_

Are you :  SIP  Non-SIP

Have you completed and submitted your FAFSA?  Yes  No

Have you completed and submitted your EOPS Application?  Yes  No

Did you graduated from High School?  Yes  No

If not, did you receive your GED?  Yes  No

List any previously earned degrees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list your work experience:

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Are you on any special medications?

Yes

No

If yes, please list: \_\_\_\_\_

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Have you ever been convicted of a felony?

Yes

No

If yes, please explain on a separate piece of paper

Are you a **single** parent?

Yes

No

Please list all names and ages of dependant children that are on your case:

1. \_\_\_\_\_ Age \_\_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_\_
4. \_\_\_\_\_ Age \_\_\_\_\_
5. \_\_\_\_\_ Age \_\_\_\_\_
6. \_\_\_\_\_ Age \_\_\_\_\_
7. \_\_\_\_\_ Age \_\_\_\_\_
8. \_\_\_\_\_ Age \_\_\_\_\_
9. \_\_\_\_\_ Age \_\_\_\_\_
10. \_\_\_\_\_ Age \_\_\_\_\_

By signing this document you are stating that all information provided is true and up-to-date. If any changes occur you **MUST** notify the CalWORKs Office:

Sign \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Impressions and Assessment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referrals:     EOPS                       CARE                       DSPS                       WORK STUDY

Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_