



Ohlone College CalWORKs Program

Mutual Responsibility Agreement between _____ and the Ohlone College CalWORKs Program

SID#: _____ Current Semester: _____

To share in this Mutual Responsibility Agreement Fall & Spring semester, CalWORKs agrees to provide the following services to you:

1. Priority Registration
2. Counseling Services
3. Special Topic Workshops (when offered)
4. Progress Report contacts
5. Serve as your Liaison with the County from which you are receiving aid

ELIGIBILITY/COMPLIANCE REQUIREMENTS

Each semester in the program, CalWORKs Students are expected to:

1. Complete 3 CalWORKs contacts/appointments (NOTE: If you are an EOPS student, EOPS contacts WILL count as CalWORKs contacts. However, General Counseling, EOPS Peer Advising (when available), & DSPS contacts can count towards meeting 1 of the 3 required contacts)
 - a. Students cannot make 1st and 2nd appointments after the 3rd week in April nor after the 3rd week in November.
 - b. If students make 0 contacts in two consecutive semesters, they will be dismissed from the program.
2. Complete 67% or more units (unless fewer units are approved by DSPS)
3. Maintain at least a 2.00 semester or 2.0 cumulative GPA
4. Be enrolled for the next term during Priority Registration or no later than the last day of the current semester

To be eligible for CalWORKs Services during Fall & Spring semesters, all students must attend CalWORKs Student Orientations each semester.

For matters of conduct, I understand that I am expected to:

Remain respectful to all CalWORKs/EOPS&CARE staff and remain free from controlled substances at all events. Falsifying records of any kind is considered FRAUD and will be reported to the county and you may be prosecuted to the fullest extent of the law.

***We reserve the right to dismiss students from the CalWORKs Program for non-compliance with this contract*
(We will contact you if you've been dismissed from the program. If you are unsure about your status, please contact us.)**

Student's Signature
Date
Phone

PLEASE PRINT LEGIBLY!!

Address: _____ Email Address: _____

Signature of Counselor or Coordinator: _____