



CalWORKs Student Mutual Responsibility Contract

I _____, if determined eligible for the CalWORKs Program, I agree to accept and comply with the following conditions:

REQUIREMENTS OF ALL STUDENTS (Please initial each item with blue or black ink. Do not use pencil).

- _____ I agree to develop a county approved **Student Educational Plan** with CalWORKs Counselor.
- _____ I agree to bring in a current **CalWIN** or **Passport to Services** each semester to verify CalWORKs/TANF eligibility.
- _____ I agree to provide a copy of my **Welfare-to-Work** plan to the CalWORKs Staff.
- _____ I agree to turn in mandatory **progress reports** when requested and understand that failure to do so may result in a hold on my registration.
- _____ I agree to meet with a CalWORKs staff/ counselor at least three times a semester.
- _____ I agree to attend the CalWORKs meetings called by the CalWORKs staff.

I fully understand the terms, rights, and obligations stated in this contract and will be responsible for the completion of these program requirements. Failure to do so may result in termination from the program and all applicable services.

Student Signature

Date

CalWORKs Staff Signature

Date