



For CARE Applicant Only

If you are.....

- A single head-of-household? Yes No
- Receiving TANF or CalWORKS? Yes No
- Receiving Food Stamps or Medical? Yes No
- A parent of a child(ren) under fourteen years of ages? Yes No
- Enrolled as a full-time student (12.0 units or more)? Yes No

If you answered YES to all of the above statements, continue to complete this form.

Name _____
Last First Middle

Social Security # / I.D. Number _____

1. Martial Status

- Married Divorced Separated
- Single/Never Married Widowed

2. Please complete the information about person's in your household that will receive at least half of their support from you – include yourself and your dependent children.

Full Name	Age	Child Care	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. TANF/CalWORKS Duration (in months)

- Less than 12 months 12 - 24 months 24 – 36 months Over 36 months

Must submit Department of Human Services official document indicating individual is receiving public assistance.