



Semester: \_\_\_\_\_

### CalWORKs Program TEXTBOOK/MATERIALS REQUEST WORKSHEET\*

(visit the campus bookstore or go online [www.lavcbookstore.com](http://www.lavcbookstore.com) for prices).

Please print clearly and legibly. **INCOMPLETE FORMS WILL NOT BE PROCESSED**

|                              |                      |                            |
|------------------------------|----------------------|----------------------------|
| Name: _____                  |                      | Email Address: _____       |
| Last _____                   | First _____          |                            |
| Student ID #: _____          | Date of Birth: _____ | DPSS Case #: _____         |
| Major or goal at LAVC: _____ |                      |                            |
| Address: _____               |                      | Home Phone #: _____        |
|                              |                      | Cell or Alternate #: _____ |

**Are you currently working ?**  No  Yes **If yes, complete the following:**  
 Start Date: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
 Hours per week: \_\_\_\_\_ Hourly rate: \_\_\_\_\_  
 Is this position considered Work-Study?  No  Yes If yes, check one:  CalWORKs  Financial Aid

**This form must be submitted with a current "Verification of Benefits" or "Notice of Action" letter (dated within 1 month of the start of the current semester) indicating your eligibility for TANF benefits. Allow 4-7 working days for processing, then contact your GAIN Service Worker for the status of this request.**

| Section # | Course Name | REQUIRED Textbook/Materials/Fees: | Amount (Without Tax) |
|-----------|-------------|-----------------------------------|----------------------|
|           |             |                                   |                      |
|           |             |                                   |                      |
|           |             |                                   |                      |
|           |             |                                   |                      |
|           |             |                                   |                      |

\* Use back of this form for additional items  
 Attach copies of receipts if needed  
 Keep original receipts for your GSW

|   |                        |
|---|------------------------|
| <b>Supplies &amp; Additional items on back:</b> |                        |
| Health Fee                                      | _____                  |
| Parking Permit                                  | _____                  |
| EOPS or other program grants                    | (                    ) |
| <b>(+Tax) TOTAL</b>                             | <b>\$ _____</b>        |

#### GAIN Service Worker Information

GSW Name: \_\_\_\_\_ File #: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Complete the following :**

► Are you receiving textbook/materials grants or book loan for this semester from EOPS, Financial Aid, TRIO, or any other programs on or off campus? No ( ) Yes ( )  
 If yes, from what program? \_\_\_\_\_ Amount of Grant/Loan: \_\_\_\_\_

► I hereby certify that the information on this form is true and correct.  
 I hereby certify that the items listed are required for my courses and major at LAVC.  
 I understand that if I withdraw from these course(s), I will not be reimbursed for the cost of these materials.  
 I understand that if I do not satisfactorily complete the course(s), I may not be reimbursed for these materials.  
 I understand that I may be reimbursed for textbooks/materials of reasonable cost.

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

## Supplies

| <input checked="" type="checkbox"/><br>Check<br>Materials<br>Required | <b>Materials</b>   | <b>Amount</b>    | Actual<br>Amount Paid<br>by Student |
|---|--|------------------|-------------------------------------|
|   | Basic Supplies: Binder, notebooks, pens, pencils, highlighters, erasers, paper-printer/typing, sharpener, scantrons, and filler paper. | <b>\$60.00 *</b> | N/A                                 |
|   | Flash/Travel Drive   | <b>\$ 15.00</b>  |                                     |
|   | Bookbag/Backpack   | <b>\$ 30.00</b>  |                                     |
|   | Weekly Student Planner   | <b>\$ 10.95</b>  |                                     |
|   |  |                  |                                     |
|   |  |                  |                                     |

***\*DPSS has changed their policy on the amount of basic supplies request, effective July 1, 2014, this amount is limited to twice annually. Please discuss this new change with your GAIN Service Worker.***

***Additional materials required by the Instructor must be listed on a class syllabus. Attach a copy of the syllabus with this request***

## Additional Textbooks/Materials/Fees here:

| Section # | Course Name | Name of<br>REQUIRED Textbook<br>or Materials/Fees: | Amount<br>(Without Tax) |
|-----------|-------------|--|-------------------------|
|           |             |  |                         |
|           |             |  |                         |
|           |             |  |                         |
|           |             |  |                         |
|           |             |  |                         |
|           |             |  |                         |
|           |             |  |                         |
|           |             |  |                         |
|           |             |  |                         |
|           |             |  |                         |
|           |             |  |                         |

Required materials only!

**ATTACHMENT TO BOOK REQUEST. REQUIRED EVERY SEMESTER.**



*Los Angeles Valley College*

CalWORKs Program  
Student Intake

|                       |                          |
|-----------------------|--------------------------|
| Student ID#           | _____                    |
| County referred       | <input type="checkbox"/> |
| Self-Initiated        | <input type="checkbox"/> |
| Concurrent Enrollment | <input type="checkbox"/> |
| REP                   | <input type="checkbox"/> |

Today's Date: \_\_\_\_\_ Start date at LAVC: \_\_\_\_\_ End Date: \_\_\_\_\_ Ext: \_\_\_\_\_

The college and our program use Email (Electronic mail) as primary form of communication. Check your email daily/weekly for important information from our program and the college.

\_\_\_\_\_@student.laccd.edu\_\_\_\_\_@\_\_\_\_\_

Student Email Address \_\_\_\_\_ Alternate Email Address \_\_\_\_\_

Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Alternate # (\_\_\_\_) \_\_\_\_\_  
 Student ID # 88 - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female

Person to contact in case of an emergency:

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Alternate Phone# \_\_\_\_\_

My preferred written language: \_\_\_\_\_ My preferred spoken language: \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Separated ( ) Widowed

Citizenship: ( ) U.S. Citizen ( ) Resident Alien ( ) Green Card # \_\_\_\_\_ ( ) Other: \_\_\_\_\_

Do you have any type of disabilities that would make it difficult for you to attend class or work?  No  Yes (If yes, please explain below. Use the back of this form if necessary)

How many children/dependents (under age 18) are living with you? # \_\_\_\_\_  
 Complete the following information for each child or legal dependent: (use the back of this form to list additional children/dependents)

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Name of School/Child Care: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Name of School/Child Care: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Name of School/Child Care: \_\_\_\_\_

What is your major/educational goal at LAVC? \_\_\_\_\_  
 What is your ultimate career goal? \_\_\_\_\_  
 Do you plan to transfer to a four-year University?  No  Unsure  Yes, name of University \_\_\_\_\_

Do you have a high school diploma?  Yes  No  
 Name of High school attended: \_\_\_\_\_ City \_\_\_\_\_ Country/State \_\_\_\_\_

Passed GED/High School Equivalency?  Yes  No If yes, indicate date/location: \_\_\_\_\_

Have you attended any other colleges or universities besides LAVC?  No  Yes (If yes, name of colleges attended and city): \_\_\_\_\_

Do you have an Associate of Arts/Science degree, Bachelor of Arts/Science Degree, or any other degrees or Certificates from another college, university or foreign country?  No  Yes (If yes, indicate degree, major, and name of college and location): \_\_\_\_\_

**ATTACHMENT TO BOOK REQUEST. REQUIRED EVERY SEMESTER.**



*Los Angeles Valley College*

CalWORKs Program  
Student In-take

When did you start receiving TANF (Cash-aid) benefits? \_\_\_\_\_ (month/year)  
(Indicate actual or approximate date):

If you are no longer receiving TANF benefits, when did your benefits stop? \_\_\_\_\_

Are you currently receiving TANF cash aid benefits for: (check all that applies) \_\_\_ yourself \_\_\_ spouse \_\_\_ children \_\_\_ others

Are you receiving: (check all that applies) \_\_\_ Cash-aid \_\_\_ Food Stamps \_\_\_ Child care \_\_\_ Transportation \_\_\_ Other: \_\_\_

Have you been to, or invited to attend a GAIN: (check all that applies) \_\_\_ Orientation \_\_\_ Job Club \_\_\_ Welfare to Work act.  
\_\_\_ Vocational/Career Assessment \_\_\_ Other GAIN program (Indicate name of program: \_\_\_\_\_)

Have you been told that you are currently under an exemption or sanction by your GAIN Service Worker or Eligibility Worker?  
\_\_\_ No \_\_\_ Yes If yes, indicate reason: \_\_\_\_\_

Are you currently receiving assistance from any of the following programs? (Check all that applies)

- \_\_\_ Extended Opportunity Programs and Services (EOPS) on campus
- \_\_\_ Cooperative Agencies Resources for Education (CARE) on campus
- \_\_\_ Financial Aid (FAFSA/Fee Waiver)
- \_\_\_ Job Training Program
- \_\_\_ Services for Students with Disabilities (SSD) on campus
- \_\_\_ TRiO/Upward Bound
- \_\_\_ Veteran Services
- \_\_\_ Current or Former Foster Youth Programs
- \_\_\_ Other program (on or off campus, please indicate name of program and location): \_\_\_\_\_

Are you currently working? \_\_\_ No \_\_\_ Yes Is your spouse currently working? \_\_\_ No \_\_\_ Yes  
If yes, indicate the following:

Name of your employer: \_\_\_\_\_ Hours per week: \_\_\_ Rate of pay (Hourly): \_\_\_\_\_

Is this position: \_\_\_ Full-time \_\_\_ Part-time Start date: \_\_\_\_\_

Is this position considered Work-Study? \_\_\_ No \_\_\_ Yes Is this position: \_\_\_ On Campus \_\_\_ Off Campus

Name of your spouse's employer: \_\_\_\_\_ Hours per week: \_\_\_ Rate of pay (Hourly): \_\_\_\_\_

Is this position: \_\_\_ Full-time \_\_\_ Part-time Start date: \_\_\_\_\_

Is this position considered Work-Study? \_\_\_ No \_\_\_ Yes Is this position: \_\_\_ On Campus \_\_\_ Off Campus

If you are not currently employed, would you like to work? \_\_\_ No \_\_\_ Yes

**Please provide the following required documents:**

1. Current form of valid identification (State or government issued) \_\_\_\_\_
2. Referral form and any other forms from your GAIN Service Worker or CCRC \_\_\_\_\_
3. Verification of Benefits letter indicating your TANF cash aid eligibility and number of people on your case \_\_\_\_\_
4. Career Assessment Results (GN6014) if applicable \_\_\_\_\_
5. Student Educational Plan developed with a college Counselor \_\_\_\_\_
6. Welfare-to-Work plan (W-T-W 2 Form), a copy was given to you by your GAIN Service Worker \_\_\_\_\_