

California State University Northridge

____ New (For Office Use Only) ____ Update

Status: SIP _____ County Referred _____ Other: _____ Appt. Date: _____

Verification Received: 6005 _____ 6006 _____ Time: _____

CalWORKS/GAIN: _____ Yes _____ No Proof of Income received: _____ Yes _____ No

CaIWORKS/GAIN STUDENT INFORMATION

Student Name: _____

(Last) (First) [MI]

Address: _____

Street Apt/Space City State Zip Code

Daytime Phone #: _____ Message/Emergency Phone #: _____

SSN: _____ Date of birth: ____/____/____ Gender: ___M ___F

Semester: _____ Approved Training Program/Major: _____

California Resident? _____ Yes _____ No Language: ___English _____ Other _____

Student ID: _____ Email _____

(Check one) _____ Single Parent Household _____ Two Parent Household _____

GAIN Case Worker: _____ Telephone #: _____

Child Care Information

Indicate number of children receiving child care in each age group:

- ___ Infants
- ___ Toddlers
- ___ Preschool
- ___ School Age

Indicate type of Child Care Center and number of children in each facility:

- ___ Center Based (example only: Licensed child care center not in home)
- ___ Licensed Family Child Care Home (Licensed non-relative in home day care)
- ___ Exempt Home Care (Non licensed relative or friend)

Support Program Information

Are you participating in: EOP Yes _____ No _____ COD /DR Yes _____ No _____ PACE Yes _____ No _____
Other; _____

Financial Aid Information

Type: Pell _____ Other Grant _____ Loan (s) _____ Work Study _____ Denied _____

Will you need temporary child care assistance? Yes _____ No _____

Print Name Signature Date