

IMPORTANT INFORMATION!

- The EOPS/CARE program is an academic support program. In order to be successful in this program your active participation is required.
- Students who are accepted into the EOPS/CARE program are required to attend an EOPS /CARE student orientation. These orientations are scheduled at various times either before the semester begins or during the first week of the semester.
- The EOPS/CARE program admits students on a space available basis. It is important to apply as early as possible.
- Unfortunately, the EOPS/CARE office is unable to make photocopies. Please make copies of your documents prior to submitting your application.

SPACE IN THE EOPS/CARE PROGRAM FOR THE SPRING 2019 SEMESTER IS LIMITED, all students are encouraged to apply as early as possible. Possession of an application does not guarantee admission to the program. Applications will be accepted on a first come first served basis and the program can close at any time.

Extended Opportunity Program & Services/Cooperative Agency Resources for Education Application

HOW DO I APPLY FOR EOPS/CARE?

To apply for the EOPS/CARE Program(s) you must return the completed EOPS/CARE application package to the EOPS office located in the Student Support Center, L-106.

EOPS ELIGIBILITY CRITERIA:

In order to be considered for the EOPS Program you must:

- ✓ Be a California resident
- ✓ Be enrolled in 12 units or more for the Spring 2019 semester*
- ✓ Have not completed more than 40 degree applicable units at the end of the Fall 2018 semester
- ✓ Qualify for a Board of Governor's Fee Waiver (BOGW A or B)

You must also meet one of the following criteria below:

- Assessed in Basic English, Basic Math, or Basic ESL class
- Did not graduate from high school
- Did not receive a G.E.D.
- Did not pass a High School Proficiency Exam
- Your high school GPA was 2.49 or below (copy of high school transcript necessary)
- Previously enrolled in remedial courses
- Other CCCC approved Educationally Disadvantaged criteria

CARE Eligibility Criteria:

In order to be considered for the CARE Program you must be EOPS eligible and meet the following requirements:

- Single Head of Household
- Currently receiving CalWorks or TANF cash aid
- Have at least one child 13 years old or younger

If you can answer **YES** to all of the questions, please complete the CARE Application on the back.

NextUp Eligibility Criteria:

In order to be considered for the NextUp Program you must be EOPS eligible and meet the following requirements:

- Must be under 26 years of age
- Must have received Foster Care Services on or after your 16th birthday
- Must be enrolled in 9 units or more

HOW TO APPLY:

DOCUMENTS NEEDED TO SUBMIT YOUR APPLICATION:

Your EOPS application is complete and ready to submit if you have the following:

- Copy of CRC transcripts (Even if it is your 1st semester)
- Copy of other college transcripts (if applicable)
- Copy of Spring 2019 semester enrollment (Showing you are **enrolled** in a minimum of 9 units at CRC and 3 units at another Los Rios College, 12 units TOTAL required.)*
- Copy of Math & English/ESL assessment/placement scores
- Copy of **updated** two semester Spring 2019 and Fall 2019 Student Educational Plan (ISEP/SIP) prepared by a CRC Counselor
- Copy of Board of Governors Waiver (BOGW) "A" or "B" Receipt for Spring 2019
- Completed, signed, and dated application

Your CARE application is complete and ready to submit if you have the following:

- Most current CalWORKs verification
- Complete, sign and date EOPS and CARE application

***If you plan to be enrolled in less than 12 units for Spring 2019, or if you need help completing this application please contact the EOPS office for more information.**

DUE DATE: FIRST COME – FIRST SERVED (SPACE IS VERY LIMITED, APPLY EARLY!)



EOPS APPLICATION

Extended Opportunity Programs & Services

Spring 2019

PLEASE PRINT CLEARLY (INK ONLY)

STUDENT ID # _____ Birthdate: _____ Gender: M F (optional)

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ City: _____ Zip _____

Phone Number: (____) _____ CRC GMAIL: W _____ @apps.losrios.edu *we only email to school email

Ethnicity (optional)

- American Indian or Alaskan Native Black, African-American Pacific Islander Caucasian, White
- Asian-American, Chinese, Japanese, Korean, Laotian, Vietnamese Hispanic, Latino, Mexican-American Filipino Russian or other Eastern European
- Other

Primary Language _____

Have you ever been an EOPS student? Yes No **If yes, where?** _____

Have you taken courses at CRC? Yes No

Have you attended other colleges? Yes No **If yes, please list** _____

(You are required to submit other college transcript(s) to EOPS)

College major: *(if undecided, please indicate General Education)* _____

Educational Goal(s): **(check all that apply)** Certificate AA/AS Degree Transfer

Did you graduate from high school? Yes No **If yes**, was your high school G.P.A. 2.49 or below? Yes No
(If yes, attach a copy of your high school transcript(s)).

Did you take the GED or high school proficiency exam? Yes No **If yes**, did you pass the test? Yes No

Are you a current or former Foster Youth? Yes No

Were you receiving Foster Care Services on or after your 16th birthday? Yes No

Have either of your parents earned a Bachelors degree, BA or BS? Yes No

EOPS Student Certification

I hereby swear or affirm that all information on this form is true and complete to the best of my knowledge, and that any false statements/information or failure to give proof when asked, will result in my immediate removal from the EOPS/CARE program.

Signature _____

Date _____

For Office Use Only

<p>APPLICATION CHECKLIST</p>	<p>UNITS COMPLETED:</p> <p>_____ LRCCD Units _____ Other College</p> <p>_____ Total Units _____ Total Degree App. Units</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> DSPS</p> <p><input type="checkbox"/> 10% <input type="checkbox"/> Disapproved</p>
<p><input type="checkbox"/> BOGW A/B</p> <p><input type="checkbox"/> ASSESSMENT/PLACEMENT</p> <p><input type="checkbox"/> ISEP (CURRENT – 2 sem)</p> <p><input type="checkbox"/> ENROLLMENT (12+ units)</p> <p><input type="checkbox"/> CRC TRANSCRIPT</p> <p><input type="checkbox"/> OTHER TRANSCRIPTS</p> <p><input type="checkbox"/> SIGNATURE</p> <p><input type="checkbox"/> CARE/CalWorks Verification</p>	<p>EDUCATIONAL QUALIFICATIONS:</p> <p>(A) Math Assessment _____ English Assessment _____</p> <p>(B) Non High School Graduate _____ Non-GED _____</p> <p>(C) 2.50 GPA _____</p> <p>(D) Remedial Enrollment _____</p> <p>(E) Other: _____</p>	<p>EOPS/MIS INFORMATION:</p> <p>Eligibility Factor: _____</p> <p>End of Term Status: <u>E</u></p> <p>Units Planned: _____</p> <p>Acceptance Term: <u>Sp 2019</u></p> <p>_____</p> <p>Counselor or Designee</p>
<p>Rec'd by: _____</p> <p>Date: _____</p>	<p>BOGW <input type="checkbox"/> A <input type="checkbox"/> B</p> <p>SEP: _____</p> <p>UNITS ENROLLED: _____</p>	<p>EOPS Director</p> <p><input type="checkbox"/> Refer to CARE</p> <p><input type="checkbox"/> Refer to NextUp</p>

Comments: Pending



If you are a single parent, on **CalWORKs/TANF (Cash Aid)** and have at least one child receiving benefits, **YOU MAY BE ELIGIBLE** for the CARE program. To be considered for the CARE program and services, please complete the following:

1. Student Name: _____ Student ID # _____
Last First
2. Are you or your children currently on CalWORKs/TANF? (Must be receiving cash aid) Yes No
3. Are you single-head of household? Yes No

If you answered NO to question 2 or 3, STOP! You do not qualify at this time.

4. How long have you been receiving cash aid(s)? _____ What county? _____
5. Marital Status: Single Married Separated Divorced
6. List the ages and birth dates of all your dependent children.

	Age	Name of Child	Child's Date of Birth <i>For example: 05/08/2000</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

CARE Student Certification

I will notify the CARE program if there is a change in my financial or marital status. Your signature below will give us the consent if necessary to contact your caseworker or another county worker to verify the information you provided.

Student's Signature/Self-Certification: _____ Date: _____

For Office Use Only

CARE

New Reapply

Approved

Disapproved _____

Pending _____

Wait List _____

CARE Advisor Signature **Date**

CARE/MIS INFORMATION:

CARE Status: C

Marital Status: _____

TANF Duration: _____

CARE Term of Acceptance Term/Year: Spring 2019

Number of Dependents: _____