

CARE Student Agreement

Student Name: _____

Student ID: _____

WHAT IS CARE?

Cooperative Agencies Resources for Education is a unique educational program administered through EOPS and is geared toward EOPS students receiving county welfare who desire job-relevant education to break the dependency cycle.

CARE provides additional support and services over and above those that are available through EOPS.

CARE is the only state-funded program of its kind nationwide. Shasta College is pleased to be offering the CARE Program and services to you.

SERVICES AVAILABLE:

- | | |
|---|---|
| <input type="checkbox"/> CHILD CARE
Childcare reimbursement assistance is available to students for childcare costs directly related to fulfillment of their educational program. | <input type="checkbox"/> SCHOOL SUPPLIES
New CARE students receive a survival pack which may include items such as: Back pack, binder, dictionary set, writing instruments, flash drive, folders and scantrons. |
| <input type="checkbox"/> TRANSPORTATION
Help with the cost of gas for students who use an automobile as a form of transportation to school. | <input type="checkbox"/> MEAL ASSISTANCE
Meal Tickets to the Shasta College Corner Grille or Center Express. |
| <input type="checkbox"/> TEXT BOOK ASSISTANCE
Text book assistance is offered to students whose book needs exceed what EOPS offers. | <input type="checkbox"/> WORKSHOPS
CARE collaboratively sponsors motivational workshops (i.e., money management, school success, and parenting skills). |

STUDENT RESPONSIBILITIES:

- _____ I understand that I must maintain Good Standing with EOPS in order to receive full services.
- _____ I agree to notify the CARE Coordinator if my Single Head of Household status changes or when my cash aid has been discontinued.
- _____ I understand that CARE services are "OVER and ABOVE". This means that if I am eligible for services through any state or federal agencies in which I am receiving from CARE, I must utilize those services first. I further agree to not duplicate any services.
- _____ I understand that as a new student into the CARE program, I must be enrolled in 12 or more units. If I enroll in 9-11.5 units my first semester in CARE, I understand that an approval from the State Chancellor's Office must be given before I am eligible for any services. If I am a DSPS student, I am waived from this requirement.

I fully understand services indicated above, offered by the CARE program, are based on available funding. I understand that my participation in the CARE program is voluntary and that failure to adhere to the Student Responsibilities will result in loss of service(s) or dismissal from the program.

Student Signature

Date

CARE Coordinator Signature

Date